

# Change of Details Form

October 2024

## Zurich Australia Limited (Zurich, OnePath)

ABN 92 000 010 195 AFSL 232510

## Retirement Portfolio Service

ABN 61 808 189 263 RSE R1000986 Customer Care Phone 133 667

## OnePath Custodians Pty Limited (OnePath Custodians)

ABN 12 008 508 496 AFSL 238346 RSE L0000673

### Customer Care

Phone: 133 667

Email: [client.onepath@zurich.com.au](mailto:client.onepath@zurich.com.au)

Website: [onepath.com.au](http://onepath.com.au)

The easiest and most secure way to update your details is via My OnePath Life, our customer portal. Simply go to [onepath.com.au/myonepathlife](http://onepath.com.au/myonepathlife) to register or log in. This form is to be used to change certain details for the following products:

- OneCare
- OneCare External Master Trust
- WOP (World of Protection)
- OneCare Super
- OneCare held in an SMSF

### Instructions

- Complete this form with signatures from all relevant parties e.g. all policy owners and lives insured.
- Section A and Section C are mandatory. Please only complete Section B if you would like to change:

New contact details (e.g address, phone number etc)

Complete section B1

Change name

Complete section B2

Change of nominated financial institution account

Complete section B3

Decline indexation increase

Complete section B4 (see bottom of page 3)

- Please complete all relevant sections and send it to:

**OnePath, Locked Bag 994, North Sydney NSW 2059; or**

**Email: [client.onepath@zurich.com.au](mailto:client.onepath@zurich.com.au)**

## Section A – Policy Owner details

Policy number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title

Mr

Mrs

Ms

Miss

Dr

Other

Surname

Given name(s)

or

Company/SMSF Name

Residential address

(this cannot be a Box number)

Suburb/Town

State

Postcode

Postal address

Suburb/Town

State

Postcode

Contact details

Work

Home

Mobile

Email

Please note that contact details continue on the next page

## Section B – Change of details

### B1. New contact details (these cannot be the adviser's address)

Postal address  
(this cannot be a Box number)

Suburb/Town  State  Postcode

Country

Phones Home  Business

Mobile

Email

### Contact details for correspondence

Please indicate if you wish to be notified by SMS for service messages, such as when premiums are dishonoured or becomes overdue

Yes  No

Please specify the contact details below. The contact details should not be the details of your financial adviser.

No. and Street/PO Box

Suburb/Town  State  Postcode

Email

Mobile

### B2. Change of name

Please tick the relevant person who has changed their name

Policy Owner name  Life Insured name

Old name

Title  Mr  Mrs  Ms  Miss  Dr Other

Surname

Given name(s)

New name

Title  Mr  Mrs  Ms  Miss  Dr Other

Surname

Given name(s)

This form can be used if the Policy Owner or the Life Insured has changed their name. This form cannot be used to change the Policy Owner or Life Insured to a different person.

Please attach a copy, certified by a Justice of the Peace, Solicitor or notary, of the documentation by which you registered your change of name, such as a marriage certificate, divorce certificate, Deed Poll or change of name certificate.

If you are changing your signature as a result of changing your name, please supply both your current and new signature below.

Current signature

New Signature

### B3. Change of nominated financial institution account

#### Payment details

The first debit may be made on (dd/mm/yyyy)

and at (please tick one)  monthly  half yearly  yearly intervals after that.

To provide your Direct Debit Authority details go to Section 1, or see more information on how to provide your Credit Card Authority details in Section 2.

**Section 1 – Direct Debit Authority**

Company address

Suburb/Town  State  Postcode

Country

Phones Home  Business

Mobile

Email

Direct debit is not available from all account types. If in doubt, please check with your financial institution.

By signing this Direct Debit Authority I/we acknowledge having read and understood the Direct Debit Request Service Agreement on page 5 of this form, and are bound by the terms and conditions contained in this authorisation.

I/We request and authorise Zurich Australia Limited (Zurich, OnePath) ABN 92 000 010 195 (user number 219313) to arrange for any amount OnePath may debit or charge me to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement.

Name and address of financial institution where account is held

Name of financial institution

Address of financial institution

Suburb/Town  State  Postcode

Details of account to be debited

Name of account

BSB number  -  Account number

Signature (if direct debit is from a joint account that requires all signatures, provide all signatures)

Signature 1  Date (dd/mm/yyyy)  /  /

Signature 2  Date (dd/mm/yyyy)  /  /

**Section 2 – Credit Card**

To comply with Payment Card Industry Data Security you can pay by credit card: By registering or logging on to My OnePath, our online customer portal. Simply go to [onpath.com.au/myonpathlife](http://onpath.com.au/myonpathlife) or contact us on 133 667

**B4. Decline indexation increase**

Please decline indexation for my policy at:

Current policy anniversary  or Remove permanently\*

If you wish to only remove indexation for particular benefits on the policy or additional policies please specify below.

\*Please note medical underwriting will be required to reinstate indexation once removed permanently

## Section C – Declaration and signature

I/We consent to the collection, use, storage and disclosure of my/our personal information as described in the Privacy Policies and the Privacy Statement(s) contained in the PDS (including discussing any information obtained from me/us and any doctors or accountants with the financial adviser associated with this application). OnePath's Privacy Policy is available at [onepath.com.au/about-us/privacy-policy](http://onepath.com.au/about-us/privacy-policy) and OnePath Custodians' Privacy Policy is available at [onepathsuperinvest.com.au/about-us/privacy-policy](http://onepathsuperinvest.com.au/about-us/privacy-policy)

If I/we have provided personal information about any identified person, I/we declare that I/we have their permission to do so and I/we have informed them of the Privacy Policies and the Privacy Statement(s).

I/We consent to (and request where required) OnePath contacting me/us in relation to this application, to administer any policy that is issued, and for any other purpose consistent with the Privacy Policies and Privacy Statement(s).

Where I/we have nominated to receive information from OnePath by email or SMS, I/we consent to the sending of policy information to my/our nominated email address and mobile number. I/We understand that any legal requirement for OnePath to provide written notice of certain information is satisfied by the sending of the information to either the nominated mailing address or email address. I/We understand that it is my/our responsibility to maintain ongoing access to both the email address and the mobile number, or to advise OnePath of new contact details when necessary, or OnePath will revert the correspondence preference to mail.

**Signature of policy owner**

(sign clearly within the box)

Date (dd/mm/yyyy)

**Signature of policy owner two**

(if applicable)

Date (dd/mm/yyyy)

**Signature of policy owner three**

(if applicable)

Date (dd/mm/yyyy)

**Signature of policy owner four**

(if applicable)

Date (dd/mm/yyyy)

# Direct Debit Request Service Agreement

October 2024

**Zurich Australia Limited (Zurich, OnePath)**  
ABN 92 000 010 195 AFSL 232510

**Customer Care**  
**Phone: 133 667**  
**Email: [client.onepath@zurich.com.au](mailto:client.onepath@zurich.com.au)**  
**Website: [onepath.com.au](http://onepath.com.au)**

Please keep this document in a safe place

## Our commitment to you

We will:

- only arrange for funds to be debited from your account as authorised in the Direct Debit Request
- give you at least 14 days notice in writing before changing the terms of the debiting arrangements, unless you request the change
- keep information about your Direct Debit Request private and confidential unless otherwise required by the Bulk Electronic Clearing System (BECS) rules. You acknowledge that we may be required to disclose details of your direct debit request to our sponsor bank to assist with the checking of any incorrect or wrongful debits to your nominated accounts.

If the date on which we usually debit your account falls on a weekend or public holiday, it may be billed the business day before.

## Your commitment to us

It is your responsibility to:

- ensure your nominated account can accept direct debits and that all account holders on the nominated account agree to the debiting arrangements
- ensure that the account details that you have provided are correct by checking them against a recent account statement
- advise us if the nominated account is transferred or closed, or the account details have changed
- ensure there are sufficient funds available in the nominated account to meet each direct debit
- check with the financial institution if you have any queries about how to complete the direct debit request.

If there are insufficient funds in the nominated account, the financial institution may charge a fee and/or interest. We will not charge a fee. You may arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

## Your rights

You may defer, alter or cancel the debiting arrangements you hold with us at any time by providing notice to us or through your nominated financial institution. Please tell us about any changes to your direct debit details at least 14 days before the next debit is due to ensure the changes are processed in time before the next debit.

If you consider that a debit has been initiated incorrectly, you should contact us directly. We will then investigate your query.

If we find that your account has been incorrectly debited we will arrange for the financial institution to adjust your account, including interest and charges, accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we find that your account has not been incorrectly debited, we will provide you with our reasons and any evidence for our finding in writing.

If we cannot resolve the matter, you can refer it to the financial institution, which may lodge a claim on your behalf.