Direct Debit Request

If this Direct Debit Request is for more than one policy then please list all relevant policy numbers.

Payment options: **1.** ☐ Deposit premium and all future premiums **2.** ☐ All future premiums

Request and Authority to debit the account named below to pay AIG Life ☐ **Monthly** ☐ **Half-yearly** ☐ **Yearly**

Please refer to the Direct Debit Request Service Agreement in the Product Disclosure Statement.

I/We

Account holder 1

Title | Family Name or Company Name | Given Name or ABN

Address | Postcode

Account holder 2

Title | Family Name or Company Name | Given Name or ABN

Address | Postcode

request and authorise American International Assurance Company (Australia) Limited, trading as AIG Life (User ID 142) to arrange for any amount AIG Life 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.

Insert details of account to be debited

Name account is held in

BSB number ☐☐☐ – ☐☐☐ Account number ☐☐☐☐☐☐☐☐☐

Acknowledgment I/We have read and understood the terms and conditions governing the debit arrangements between myself and AIG Life as set out in this Request and in the Direct Debit Request Service Agreement.

Insert the name and address of financial institution at which account is held

Financial institution name

Address | Postcode

Insert your signature and address

Account Holder 1 Signature ✗ | Account Holder 2 Signature ✗ | Date (dd/mm/yyyy)

Credit Card Authority

If this Credit Card Authority is for more than one policy then please list all relevant policy numbers.

Payment options: **1.** ☐ Deposit premium only **2.** ☐ All future premiums **3.** ☐ Deposit premium and all future premiums

Please debit my ☐ Visa ☐ MasterCard ☐ Diners ☐ AMEX

No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date ☐☐/☐☐

This authority enables American International Assurance Company (Australia) Limited, trading as AIG Life, to debit your credit card until you advise AIG Life in writing to cancel this authority. The amount debited may vary from time to time as a result of contractual premium variations which apply to your policy. This only applies if option 2 or 3 above is chosen.

If you choose the option of using a credit card for the one-off payment of the deposit premium please enter the amount. $

Name as shown on credit card

Cardholder's Signature ✗ Date (dd/mm/yyyy)

IMPORTANT NOTICE:

Credit Card refunds will be processed by us in the ordinary course of business. We will not accept any responsibility for credit card charges or fees incurred due to expired or cancelled cards or timing delays in processing refunds by the credit card issuer.

Authority to Release Medical Information

I, Name of Life Insured

authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter), to disclose to American International Assurance Company (Australia) Limited, trading as AIG Life, full details of my health and medical history. I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

Signature of Life Insured ✗ Date / /

Authority to Release Medical Information

I, Name of Life Insured

authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter), to disclose to American International Assurance Company (Australia) Limited, trading as AIG Life, full details of my health and medical history. I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

Signature of Life Insured ✗ Date / /