

# Pre-approved Acceptance Form

## Professionals Accident Cover Plus

ING Life Limited ABN 33 009 657 176 AFSL 238341

Please complete both pages of the Pre-approved Acceptance Form

### Four easy steps to apply.

To accept cover please tick (✓) any applicable boxes, complete and sign your Pre-approved Acceptance Form and return it in the reply paid envelope enclosed (no postage stamp required). Please ensure all details are correct and complete.

Tailor made for Professionals

## Step 1: Details

### Your Details

Member ID  Policy Number

Title  First Name(s)  Surname

Unit/Street No.  Street Name

Suburb  State  Postcode

Phone: Home  Business

Email

Date of birth  Gender (please tick) Male  Female

### Your Spouse/Partner Details (if applying)

Title Mr  Mrs  Miss  Ms  Other

First Name(s)  Surname

Phone: Home  Business

Email

Date of birth  Gender (please tick) Male  Female

## Step 2: Select your cover type and the level of cover that suits you

You and your partner/spouse can each select a level of cover that suits your individual needs.

You only						Optional Accidental Injury Benefit
Accidental Death Benefit	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$750,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$50,000
Monthly Premium	\$96.90	\$73.40	\$49.90	\$29.15	\$13.40	\$8.15
						\$15.00

Your partner/spouse						Optional Accidental Injury Benefit
Accidental Death Benefit	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$750,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$50,000
Monthly Premium	\$94.00	\$70.50	\$47.00	\$26.25	\$10.50	\$5.25
						\$15.00

### Step 3: Read and Sign the Declaration

My decision to apply for Professionals Accident Cover Plus is based on the material received and my understanding of the information contained in the Short Form Product Disclosure Statement. I declare that I am a permanent resident of Australia and am aged between 21 and 74. By completing this Pre-approved Acceptance Form, I authorise the collection, use and disclosure of my personal information for the purpose of the assessment of my application and the management and administration of those products and services for which I wish to apply, as outlined in the 'Privacy' section of the Short Form Product Disclosure Statement. I understand that unless I consent to the collection, use and disclosure identified in the 'Privacy' section of the Short Form Product Disclosure Statement, ING will not be able to process my application or to deliver the relevant products or services; I accept that ING Group may send me information about its products or services from time to time. I understand that I may notify you of my decision not to receive further information by contacting ING directly; authorise my financial adviser (as notified to ING, if any) to receive and access my personal information for the purposes of managing the policy. Where there is any change to this authority or relating to my financial adviser, I will notify ING of the change.

I understand that the insurance applied for will become effective when the Pre-approved Acceptance Form is processed by ING and the first premium has been collected. I understand and acknowledge that ING Australia Limited (ABN 60 000 000 779) (INGA) and its related corporations, including ING Bank (Australia) Limited (ABN 24 000 893 292) (ING Bank) do not accept any liability for, or guarantee the payments of any benefits under this policy, except that ING guarantees the benefits specifically provided for in the policy.

Signature of Principal Life Insured

Date of birth

### Step 4: Your Payment Authorisation

I authorise the payment of premiums for the policy (please tick one box only):

By automatic monthly deduction from the Credit Card Account (Visa or MasterCard only) specified below:

Credit Card Number

Expiry Date

By automatic monthly deduction from my American Express Credit Card Account specified below:

American Express Credit Card Number

Expiry Date

OR

By automatic monthly debit from the Bank Account I have nominated.

I/We acknowledge that this Direct Debit arrangement is governed by the terms of the Direct Debit Request Service Agreement received from ING Life Limited (Direct Debit User ID 219313).

Account Name

Branch where account is held

BSB Number

Account Number

Signature of Account Holder

Date

#### Direct Debit Request Service Agreement

##### Our Commitment to you, Drawing agreement:

- We will advise you in writing the details of the drawing agreements for both initial applications & ongoing investments by Direct Debit. We will make the drawings in accordance with the instructions provided in the Declaration section of the application for both initial applications and ongoing investments by direct debit.
- Where the due date falls on a non-business day, we will draw the amount on the next business day.
- We will not change the amount of the drawing agreement without your prior approval.
- We reserve the right to cancel the drawing agreement if three or more drawings are returned unpaid by your nominated Financial Institution and to arrange with you an alternate payment method.
- We will keep all information pertaining to your nominated account at the Financial Institution, private and confidential.

##### Your rights:

- You may terminate the drawing agreement at any time by giving written notice directly to us, or through your nominated Financial Institution. Notice given to us should be received by us at least 5 days prior to the due date.
- You may stop payment of a drawing by giving written notice directly to us, or through your nominated Financial Institution. Notice given to us should be received by us at least 5 days prior to the due date.
- You may request a change to the drawing amount by giving written notice to us and advising your requirements no less than 5 days prior to the due date.
- Where you consider that a drawing has been initiated incorrectly (outside this agreement) you may take the matter up directly with us, or lodge a Direct Debit Claim through your nominated Financial Institution.

##### Your commitment to us, Your responsibilities:

- It is your responsibility to ensure that sufficient funds are available in the nominated account to meet the drawing on its due date.
- It is your responsibility to ensure that the authorisation given to draw on the nominated account is identical to the account signing instruction held by the Financial Institution where the account is based.
- It is your responsibility to advise us if the account nominated by you to make the drawings is transferred or closed.
- It is your responsibility to arrange with us a suitable alternate payment method if you wish to cancel the drawing agreement.