



Direct Credit Authority

Policy Number

Life Insured

This form is to be completed by the policy Beneficiary, or by the person making the claim if no beneficiary has been specified.

Completing this form will assist us in getting your claim payment to you as quickly as possible. Once your claim has been assessed, the benefit amount payable will be credited to the account below.

Name of Bank

Account Name

BSB

Account Number

Signature Date

NB: If your account is held with a Credit Union, it may take longer for the benefit amount payable to be cleared. May we suggest you contact your nominated Credit Union.

TOWER will pay claim proceeds to the nominated beneficiary in accordance with S48A of the Insurance Contracts Act.



Please fax this form to 1800 730 099, or



Please return this form in the reply paid envelope provided, or mail to the address below.

InsuranceLine
Reply Paid 62
Carlton South VIC 3053
(No postage stamp required)



Please phone 13 88 98 if you have any questions.