

# Change of customer details

# Insuranceline

Any questions?  
Please call us

 1300 880 750

Return this form by email to [customerservice@insuranceline.com.au](mailto:customerservice@insuranceline.com.au) or mail to Insuranceline, Reply Paid 5380, Sydney NSW 2001.

Policy Owner	<input type="text"/>
Policy Number	<input type="text"/>
Signature	<input type="text"/>

## Part A - Change of address

Old Address	<input type="text"/>		
	<input type="text" value="Suburb"/>	<input type="text" value="State"/>	<input type="text" value="Postcode"/>
New Address	<input type="text"/>		
	<input type="text" value="Suburb"/>	<input type="text" value="State"/>	<input type="text" value="Postcode"/>
Email Address	<input type="text"/>		

## Part B - Change of phone number

Old Phone Number	<input type="text" value="Home"/>	<input type="text" value="Work"/>	<input type="text" value="Mobile"/>
New Phone Number	<input type="text" value="Home"/>	<input type="text" value="Work"/>	<input type="text" value="Mobile"/>

## Part C - Change of banking details

### Payment Frequency

Fortnightly on	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Fri <input type="checkbox"/>	Starting from	<input type="text" value="dd / mm / yyyy"/>	
Monthly on the	<input type="text"/>							of each month (enter a date between 1st and 28th of the month)

### Payment Method

Card Type	Debit <input type="checkbox"/>	Credit Card <input type="checkbox"/>														
I authorise the debit of my premium from my	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Expiry Date	<input type="text"/>												
Account Name	<input type="text"/>															
Card Number	<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"/>

### Direct Debit Request

I request and authorise TAL Life Limited (User Number: 245 397) to arrange, through its own financial institution, a debit to the account nominated below of any amount TAL Life Limited has deemed payable by me.

BSB Number (Branch Number)	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Name and Address of the Bank/Financial Institution	<input type="text"/>														
Account Name	<input type="text"/>														
Account Number	<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"/>

I authorise TAL Life Limited (User Number: 245 397) to debit my premiums and any arrears (if applicable) from either my credit card or through the Bulk Electronic Clearing System, according to whichever authorisation I have completed above. If using the direct debit system, I confirm that I have read the Direct Debit Request Service Agreement. **For joint accounts, if required, both account holders must sign below.**

Sign here	<input type="text"/>	Date	<input type="text" value="dd / mm / yyyy"/>
Sign here	<input type="text"/>	Date	<input type="text" value="dd / mm / yyyy"/>

Products are issued by TAL Life Limited ABN 70 050 109 450 AFSL 237848 and, for Involuntary Unemployment Cover, Hallmark General Insurance Company Ltd ABN 82 008 477 647 AFSL 243478 (the insurers). TAL Direct Pty Limited ABN 39 084 666 017 AFSL 243260 (TAL Direct) has been authorised under an arrangement with the insurers to enter into, vary or cancel insurance cover on behalf of the insurers as if it were the insurers. Insuranceline is a trading name of TAL Direct.