Change of policy ownership

Insuranceline

Any questions? Please call us



Memorandum of transfer

Part A - Policy detail	S					
Please transfer Policy Number	Number			to the transferee named in Part C below.		
Part B - Transferor d	etails (current Polic	y Owner)				
Date of Transfer	dd / mm / yyyy					
Transferor's Name						
Transferor's Signature				Date	dd / mm / yyyy	
Transferor's Signature (if more	than one Policy Owner)					
Sign here				Date	dd / mm / yyyy	
Witness's Signature				Date	dd / mm / yyyy	
If you are transferring to a ne fund. Part E is to be complete Part C - Transfer to a	ed in both cases.					
Name of new Policy Owner	[
Full Name						
Or Name of Financial Institutio	n					
Name						
Postal Address of new Policy C	Owner					
Residential Address						
	Suburb		State		Postcode	
Contact Number	Home	Work		Mobile		
Email Address						
Transferee's Signature				Date	dd / mm / yyyy	
Witness's Signature				Date	dd / mm / yyyy	

Note: If the Transferee is a Financial Institution which is taking the transfer of this policy as security for a debt, Insuranceline will continue to send premium notices to the Transferor.

Please keep a copy of this form for your records.

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.

OFFICE USE ONLY

Part D - Registration of transfer						
Date of Registration of Transfe	er by TAL dd / mm / yyyy					
Signature of Principal Officer of	of Company or Authorised Person					
Sign here	Date dd / mm / yyyy					
Part E - Banking deta	ails					
Payment Frequency						
Fortnightly on	Mon Tues Wed Thurs Fri Starting from dd / mm / yyyy					
Monthly on the	of each month (enter a date between 1st and 28th of the month)					
Payment Method						
Card Type	Debit Credit Card					
Credit Card Payments						
I authorise the debit of my pre	mium from my Visa Mastercard Expiry Date					
Account Name						
Card Number						
Direct Debit Request						
	fe Limited (User Number: 245 397) to arrange, through its own financial institution, a debit to the account nt TAL Life Limited has deemed payable by me.					
BSB Number (Branch Number)						
Name and Address of Bank/Fir	nancial Institution					
Account Name						
Account Number						
Declaration						
I/We request and authorise TA	L Life Limited (User Number: 245397) to arrange for the premiums for this Policy to be debited from the					

credit card or account nominated in this form, through the Bulk Electronic Clearing System (BECS). I/We acknowledge that this direct debit request is governed by the Insuranceline direct debit request service agreement (DDRSA) and that I/we have read and agree to the terms of the DDRSA. I/We acknowledge that these debits will appear as 'Insuranceline' on credit card or bank statements.

For joint accounts, if required, both account holders must sign below.

Sign here	Date	dd / mm / yyyy
Sign here	Date	dd / mm / yyyy

Part F - Your privacy

The privacy of Insuranceline customers is important and Insuranceline is bound by obligations imposed by current privacy laws including the Australian Privacy Principles.

The ways in which Insuranceline and Hallmark General Insurance collect, use, secure and disclose your personal information, as well as details about how to access or correct your personal information held by us, or make a complaint in relation to privacy, are set out in the Insuranceline and Hallmark General Insurance's Privacy Policies available, free of charge, using the links and contact details below:

www.insuranceline.com.au/Privacy-Policy or call 1300 880 750

www.hallmarkinsurance.com.au or call 1300 363 159.

Access to information held about you

Under the current privacy legislation, you are generally entitled to access the personal information we hold about you. To access that information, simply make a request in writing. This process enables us to confirm your identity for security reasons and to protect your personal information from being sought by a person other than yourself. If, for any reason we decline your request to access and/or update your information, we will provide you with details of the reasons. In some circumstances it may be appropriate to provide copies of complex medical information to a treating GP rather than directly to our customer so that the medical terminology can be explained. There are some limited exemptions where TAL would be unable to provide the personal information that we hold about you and these include the following circumstances:

- if the access would have an unreasonable impact on the privacy of other people;
- if the access request is frivolous or vexatious; or
- if giving access would be unlawful.

Disclosure of information

In processing and administering your insurance (including at the time of claim) we may disclose your personal information to other parties such as organisations to whom we outsource our mailing and information technology, Government regulatory bodies, other companies within the TAL group, and accountants (if applicable). We may also disclose your personal information (including health information) to other bodies such as the reinsurers, health professionals, investigators, lawyers and external complaints resolution bodies. Generally we do not use or disclose any customer information for a purpose other than providing our products and services unless:

- · our customer consents to the use or disclosure of the customer information; or
- the use or disclosure is required or authorised under an Australian law or a court/tribunal order; or
- the use or disclosure of the information is reasonably necessary for one or more enforcement related activities conducted by, or on behalf of, an enforcement body e.g. the police.

Direct marketing opt out

From time to time Insuranceline may use your information to offer, invite you to apply or promote and market (including via telephone where we have your valid consent) our products and services to you. Your consent shall remain in effect in accordance with relevant law or until you tell us otherwise. For more information about our marketing practices please refer to the 'Your Privacy' section of the PDS/FSG and our privacy policies. If you do not want to receive telemarketing calls, or would prefer to receive telemarketing calls at certain times or days, please call us on **1300 880 750**. If you do not want to receive any information on other products or services offered by Insuranceline or the insurer, please contact us.

How to return your documents Please return this form to Reply Paid 5380, Sydney NSW 2001

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