

Form of Request for Debiting Amounts to Accounts by the Direct Debit System (Form PD-C)

(Name of Financial Institution at which account is held) Branch name
 The Manager ANZ. BULLCREEK.
 Branch Address c/- BULLCREEK SHOPPING CENTRAL
 BULLCREEK State WA Postcode 6149.

Surname
 Dear Sir, I/We CROFTS.
 Given names
 DARREN JOHN + JOOIA LOUISE.

request you until further notice in writing to debit my/our Account named
 D.J. + J.L. CROFTS.

described in the Schedule below, any amounts which **Tyndall Life Insurance Company Limited** (the 'user') (user ID No. 559) may debit or charge me/us through the Direct Debit System. I/We understand and acknowledge that the Financial Institution may in its absolute discretion determine the order of priority of payment by it of any moneys pursuant to this Request or any authority or mandate. Also the Financial Institution may in its absolute discretion at any time by notice in writing to me/us terminate this Request as to future debits. As well the User may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits.

N.B. Direct debiting operates on cheque accounts and certain savings accounts not operating on a passbook system. If in doubt please refer to your financial institution.

Bank 016-268 BSB No. 504872849 Account No.
 Building Society 6 - BSB No. Account No.
 Credit Union 8 0 - BSB No. Account No.

Policyowner(s) Signature X ⊕ g Crofts
 Day 24 Month 05 Year 99

Policyowner(s) Address 14 IMPSON GONS
 SOUTH LAKE State WA Postcode 6164

REQUEST TO TYNDALL

Frequency that the premiums will be deducted:

Please Tick Monthly Half Yearly Annually

Policy Number(s): 0005705073

Policyowner(s) Signature(s) ⊕ g Crofts.

Date Day 24 Month 05 Year 99.



Tyndall Life Insurance Company Limited
 ACN 001 698 228
 G.P.O. Box 4252
 Sydney NSW 2001