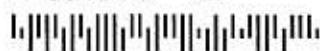


# Asteron Life Complete Statement

Asteron Life

Part of the Suncorp Group

001395 000



Mr Trent Armstrong  
PO Box 905  
BEENLEIGH QLD 4207

24 September 2018

Dear Mr Armstrong

This is your insurance policy statement.

Your policy provides the opportunity to increase your cover from the upcoming policy anniversary to protect against inflation. The table on the reverse of this notice shows the cover and premium details if you wish to accept or decline the increase. The account from which it will be deducted is shown below.

As premiums are being deducted from your account **there is no need to send any payment.**

We take this opportunity to thank you for allowing us to provide your valuable cover. Asteron Life has a proud history of providing protection and financial security and we look forward to continuing our association with you for years to come.

If you wish to decline the increase in cover please contact us. We'll be happy to help.

Yours sincerely  
Asteron Life Customer Service

## Policy Number/Linked Policy

E3043505/E3043506

Cover  
Life

Insured Person  
Mr Trent Roy Armstrong

Policy Owner  
The Armstrong  
Superannuation Fund

## Important Dates

- Policy anniversary  
24 October each year
- Policy commencement  
24/10/2013

## Your Adviser

Mr Peter Johnson  
07 5593 7473

## Customer Service

1800 221 727 8am-6pm  
02 8275 3999

## Internet

[www.asteronlife.com.au](http://www.asteronlife.com.au)

► See your Policy Benefits  
and Features over

Amount debited from your credit card ending with the numbers 2067 each month. **Card Expiry Date is 10/21.**

**\$68.04**

Please notify Asteron Life if the credit card number or Expiry Date change.

Issuer: Suncorp Life & Superannuation Limited ABN 87 073 979 530 AFSL 229880

**Customer Service** GPO Box 68, Sydney NSW 2001  
Ph: 1800 221 727 or 02 8275 3999 8am to 6pm EST  
Fax: 1300 766 833 Email: [life\\_customerservice@asteronlife.com.au](mailto:life_customerservice@asteronlife.com.au)  
Web: [www.asteronlife.com.au](http://www.asteronlife.com.au)

Asteron Life Complete  
**Statement**

**Policy Number**

E3043505

**Benefits and Features**

<ul style="list-style-type: none"><li>• Stepped Premium</li><li>• Guaranteed Future Insurability</li></ul>	<ul style="list-style-type: none"><li>• Flexible Policy Linking</li></ul>
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**Benefit Table**

	If you decline Automatic Increase		If you accept Automatic Increase		Expiry Date
	Sum Insured	Monthly Premium	Sum Insured	Monthly Premium	
Life Cover	\$801,474	\$57.25	\$841,548	\$60.11	24/10/2073
Policy Fee		\$7.93		\$7.93	
<b>Total</b>		<b>\$65.18</b>		<b>\$68.04</b>	

\* Please note, your Policy is subject to revised terms, if you require full details regarding these terms please refer to your original Policy Schedule and Document.

# DIRECT DEBIT REQUEST

Done.  
received conf email 7/8/19



Issued 1 March 2019

Please use block letters

## Policy owner details

Surname	Armstrong Super Fund	Given name(s)	
Surname	Armstrong	Given name(s)	Trent Roy
Postal address	PO Box 905 Beenleigh		
Phone no	Home 0419 655 598	Work (07) 3804 7666	Mobile
		State	QLD
		Postcode	4207

## Payment details

Policy numbers	Current premium amount <small>(please refer to section 4c of the Service Agreement overleaf)</small>	
E3043505	68.04	
		I authorise Asteron Life & Superannuation Limited to debit for any arrears <input type="checkbox"/>
		I would like to change the frequency of payment <input type="checkbox"/>
		Please select new frequency:
		Yearly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/>

## Part A Direct Debit (bank, building society, credit union)

### Details of account to be debited:

This form is to authorise Asteron Life & Superannuation Limited (user ID 367 806) to debit premiums from your account with a financial institution.

Name of account holder	Armstrong Super Fund		
Name of financial institution	ANZ		
BSB number	014-141	Account Number	906433638

I/we acknowledge that this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement attached and the terms and conditions of my/our Asteron Life policy.

Account holder's signature		Date	05/08/2019
Account holder's signature		Date	05/08/2019

## Part B Credit card (Only Mastercard and Visa available)

I authorise Asteron Life & Superannuation Limited to charge my: (tick one)  Visa  Mastercard

Card holder's name			
Card number	<input type="text"/>	Expiry date	<input type="text"/>
Account holder's signature		Date	<input type="text"/>

If you have any questions regarding this form, please call Asteron Life Customer Service on 1800 221 727.  
The completed form may be faxed to 1300 766 833 or emailed to [lfe\\_customerservice@asteronlife.com.au](mailto:lfe_customerservice@asteronlife.com.au)

# DIRECT DEBIT REQUEST



Suncorp Life & Superannuation Limited ABN 67 075 079 530  
AFS Licence No 220880  
Suncorp Portfolio Services Limited ABN 01 005 427 905  
AFS Licence No 217105  
RSF (u) 1 0002059  
Suncorp Master Trust ABN 08 350 962 022  
RSE Fund Registration No F1096955

Issued 5 March 2012

Please use block letters

## Policy owner details

Surname **ARMSTRONG SUPER FUND** Given name(s)  
Surname **ARMSTRONG** Given name(s) **TRENT ROY**  
Postal address **PO BOX 905  
BEENLEIGH** State **QLD** Postcode **4207**  
Phone no Home ( ) Work **07) 38047666** Mobile

## Payment details

Policy numbers **E3043505** Current premium amount **77.40**  
(please refer to section 4c of the Service Agreement overleaf)  
I authorise Suncorp Life & Superannuation Limited to debit for any arrears   
I would like to change the frequency of payment   
Please select new frequency:  
Yearly  Half-yearly  Quarterly  Monthly

## Part A Direct Debit (bank, building society, credit union)

### Details of account to be debited:

This form is to authorise Suncorp Life & Superannuation Limited (user ID 367 806) to debit premiums from your account with another financial institution.

Name of account holder **ARMSTRONG SUPER FUND**  
Name of financial institution **ANZ**  
BSB number **014-141** Account Number **906433638**

I/We acknowledge that this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement attached and the terms and conditions of my/our Asteron Life policy.

Account holder's signature   Date **26 / 11 / 2019**  
Account holder's signature   Date  /  /

## Part B Credit card (Only Mastercard and Visa available)

I authorise Suncorp Life & Superannuation Limited to charge my: (tick one)  Visa  Mastercard

Card holder's name  
Card number   Expiry date  /   
Account holder's signature   Date  /  /

If you have any questions regarding this form, please call Asteron Life Customer Service on 1800 221 727.

The completed form may be faxed to 1300 766 833 or emailed to [life\\_customerservice@asteronlife.com.au](mailto:life_customerservice@asteronlife.com.au)