

Electronic Funds Transfer (EFT) request – Member

June 2019

OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341
GPO Box 75, Sydney NSW 2001

Group Risk Insurance Claims

Phone 1800 648 921
Email group.claims@onepath.com.au
Website onepath.com.au

Payment details

New EFT request Modify existing EFT request

Superannuation Fund/
Employer name

Member name (you)

Claim number

Name and address of financial institution where account is held

Name of financial institution

Address of financial institution

Suburb/Town State Postcode

Details of account to be credited

Name of account holder

BSB - Account number

Authorised signatories of account

Name of authorised signatory

Signature of authorised signatory Date (dd/mm/yyyy)

Name of authorised signatory

Signature of authorised signatory Date (dd/mm/yyyy)

Declaration

I declare that the information given in this form by me is true and correct in every details.

Signature of authorised signatory Date (dd/mm/yyyy)