

Please return application form to HSBC in the attached self seal reply paid envelope or fax both sides back to (02) 9255 2541.

Things you need to know

- ▶ If you decide to buy HSBC Card Repayment Protection insurance you must answer all questions on the application form truthfully and accurately.
- ▶ You will receive an acceptance letter and policy document at your billing address within 5 days of acceptance.

What you will need to complete this application form ▶ Your HSBC Credit Card details.

Personal details

Full name of Primary Cardholder:

First name	Middle name
<input type="text"/>	<input type="text"/>

Surname	Date of Birth
<input type="text"/>	<input type="text" value="/ /"/>

Current residential address:

Unit No.	Street No.	Street Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb/City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home telephone number	Work telephone number	Mobile telephone number
<input text"="" type="text" value="()</input></td> <td><input type="/>		

Credit Card(s) details

HSBC Credit Card account(s) (of which I am the **Primary Cardholder**) which I would like to cover with HSBC Card Repayment Protection insurance are as follows:

Credit Card account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry date	<input type="text"/>	/	<input type="text"/>
Credit Card account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry date	<input type="text"/>	/	<input type="text"/>

Need assistance? ▶ Please call HSBC on 1300 308 880 for assistance with this application.

Declaration/Acknowledgement

I have received the Product Disclosure Statement (PDS) for HSBC Card Repayment Protection insurance, containing important information to help me understand this financial product.

I declare that I have read the Privacy Statements set out in the Privacy section on pages 19–21 of the Product Disclosure Statement and I consent to the collection, use and disclosure of my personal information in the manner described in those Privacy Statements.

I request AIG Life insure me for the HSBC Card Repayment Protection insurance described in the Product Disclosure Statement provided with this application.

I instruct and authorise HSBC Bank Australia Limited, ABN 48 006 434 162 AFSL No. 232595 (HSBC); to disclose to AIG Life ABN 79 004 837 861 AFSL 230043 on request any and all information in its possession at the current or any later time, relating to my HSBC Credit Card contract (identified in this application) for any and all purposes related to the policy (notwithstanding any instructions or authority I may otherwise have given HSBC to the contrary) for the establishment and administration associated with the policy.

I acknowledge that my decision to apply for this insurance is based on the information provided in the Product Disclosure Statement for HSBC Card Repayment Protection. I understand that commission is payable to HSBC.

I agree to pay the applicable monthly premium of 60¢ per \$100 on the closing balance of my credit card statement (up to a maximum of \$25,000). I agree HSBC may debit the monthly premium to my card. I understand AIG Life may change the monthly premium by providing 30 days prior written notice.

I declare that this statement is true and correct. No information material to my eligibility for insurance cover has been withheld.

I understand that I cannot be required to purchase this insurance and that purchasing this insurance is not a condition of renewal of my HSBC Credit Card.

I understand that my policy commences on the date HSBC accepts my application form. An acceptance letter and policy document will be sent to my billing address within 5 days of receipt of this application form.

I understand that a separate HSBC Card Repayment Protection policy will be issued for each HSBC Credit Card account listed above.

Signature of Primary Cardholder	<input type="text"/>	Date	<input type="text" value="/ /"/>
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HSBC Card Services
Reply Paid 4263
Sydney NSW 2001



No stamp required
if posted in Australia

Three thick vertical black bars of equal height and width, positioned to the right of the text.

Important information

Please refer to the Product Disclosure Statement for detailed information regarding HSBC Card Repayment Protection insurance. The insurance is issued by American International Assurance Company (Australia) Limited, ABN 79 004 837 861; AFSL No. 230043, trading as **AIG Life**. HSBC Card Repayment Protection is distributed by HSBC Bank Australia Limited, ABN 48 006 434 162; AFSL No. 232595 (**HSBC**). AIG Life's obligations do not represent deposits or liabilities of HSBC.

HSBC does not stand behind AIG Life. HSBC does not issue this insurance or guarantee any of the benefits under the cover nor is it otherwise responsible for the payment of any claims.

Distributed by HSBC Bank Australia Limited ABN 48 006 434 162 AFSL No. 232595. GPO Box 4263 Sydney NSW 2001.