



# Claim Payment Form

Please complete the following bank details. This will allow TAL to credit your nominated bank account if any benefits are payable.

## 1. POLICY DETAILS

Policy number

## 2. PERSONAL DETAILS

Mr  Mrs  Miss  Ms  Other

Given name(s)

Surname

Street address

Suburb

State

Postcode

## 3. BANK ACCOUNT DETAILS

Name of account (This will allow faster payment of any benefits to which you may be entitled.)

BSB

Account number

(Where the insurance policy is owned by your Superannuation Fund or your employer, any benefits payable may be paid directly to them.)


## 4. SIGNATURE


Account Holder  
Signature

Date

DD / MM / YYYY

## SUBMITTING THIS FORM

 GPO Box 4974  
Melbourne VIC 3001

 [super@vissf.com.au](mailto:super@vissf.com.au)

If you have any questions,  
please contact us on  
1300 660 027.