Swiss Re

Loss Payee Instruction

Swiss Re International SE, Australia Branch ABN 38 138 873 211 AFSL 355 088

Please return the completed form to tci_support@swissre.com

The original will be noted by an underwriter for the Insurer and returned to the Insured.

The Policy (policy number)

The Insured

Registration no. (if applicable)

("the Insured") hereby irrevocably instructs the Insurer to pay every claim that becomes payable to the Insured under or by virtue of the Policy, to

The Loss Payee

Registration no. (if applicable)

("the Loss Payee") whose receipt shall be a valid discharge by the Insured.

Loss Payee's address

Postcode

Country

Declaration and undertakings of Insured and Loss Payee

The Insured hereby irrevocably and unconditionally:

(a) agrees to hold the Insurer harmless from any error on the part of the Insurer in forwarding payment to the Loss Payee;

(b) acknowledges that this instruction is subject to strict observance by the Insured of all the terms and conditions of the Policy; and

(c) agrees to indemnify and hold the Insurer harmless in respect of any loss, claim, damages or demand suffered or incurred by the Insurer as a result of it acting in accordance with the provisions of this instruction and this instruction subsequently being found, determined or held to be void, voidable, unlawful or ineffective.

The Loss Payee accepts this instruction subject to the terms, conditions and undertakings stated above.

Signatures of Insured and Loss Payee

The insured and the Loss Payee, each for its part, by signing below accept the terms, conditions and undertakings of this instruction.

Signature of Insured

Date DD/MM/YYYY

Name of signatory

Signature of Loss Payee

Date DD/MM/YYYY

Name of signatory

Loss Payee's contact name

Loss Payee's telephone

Loss Payee's email

To the Insured and the Loss Payee

1. Pursuant to the conditions of the policy, the Insurer hereby consents to the above instruction in this approved form. Such consent does not expressly or by implication vary, extend or otherwise affect its rights and liabilities under the policy.
2. The Insurer confirms that as at the date of its signing below:
   (a) all premiums due on the policy have been paid in full; and
   (b) the policy has not been cancelled.

For and on behalf of the Insurer.

Signature of underwriter

Date DD/MM/YYYY

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