

American Express Credit Secure Plus Policy

Application Form - Easy 3 step application form

1. PLEASE COMPLETE YOUR DETAILS

Your Details:

Title	Mr	Mrs	Ms	Miss	Telephone	(h) _____
Full Name	_____					(m) _____
Date Of Birth	_____					
Address	_____				Spouse/Partner Details:	
	_____				Title	Mr Mrs Ms Miss
State	_____				Full Name	_____
Postcode	_____				Date Of Birth	_____

2. PLEASE TICK (✓) YOUR PREFERRED LEVEL OF COVER

Monthly Premium	Level 1	Level 2	Level 3	Level 4	Level 5
Yourself only	\$ 9.95 <input type="checkbox"/>	\$18.95 <input type="checkbox"/>	\$27.95 <input type="checkbox"/>	\$36.95 <input type="checkbox"/>	\$45.95 <input type="checkbox"/>
Yourself and Your Spouse	\$18.95 <input type="checkbox"/>	\$36.95 <input type="checkbox"/>	\$54.95 <input type="checkbox"/>	\$72.95 <input type="checkbox"/>	\$90.95 <input type="checkbox"/>

3. PLEASE PROVIDE YOUR AMERICAN EXPRESS CARD DETAILS

Expiry date: ___ / ___

Cardmembers Signature: _____

TBA

We have some ACE exclusions:

Standard Exclusions - some exclusions apply, these include; pre-existing conditions, deliberately self-inflicted injuries, criminal acts, influence of intoxicating liquor, engaging in any professional sports, motor sports as a rider or passenger, war or war like activities, pilot or crew member of any aircraft. There are other standard exclusions. Please refer to the Policy Document for further details.

My decision to apply for this insurance is based on the material received and my understanding of the information, which I have read. I understand that my premiums will be automatically charged to my nominated account number monthly or annually. I understand that I have 30 days to examine the policy. If I am not completely satisfied, I can cancel this policy in writing and any premiums charged in this time will be refunded in full.

ACE can cancel this policy for failure to pay a premium installment for more than one month.

Cardmembers Signature: _____ Date _____