

# SUPPORT SCHOOL CHAPPIES

## Donate your CTP today!

### It won't cost you a cent!

SU QLD PartnerProgram provides a way for you to invest in and support the work of your local school chaplain and SU Qld **"without costing you a cent..."**.

**HOW...** well if you own a Queensland registered car then you pay CTP insurance with your motor vehicle registration.

Nominate QBE as your CTP insurer and your chosen local school chaplaincy will directly receive funding, if you support them through PartnerProgram.

*QBE has been providing peace of mind to Australians for more than 125 years. QBE are Australia's largest international insurance and reinsurance group.*

It's very simple to do - complete the form and return it to me or as directed on the back of this form. Alternatively visit [www.partnerprogram.com.au](http://www.partnerprogram.com.au) and follow the prompts to support your local state school chaplain.



Please know that the time you invest in this process is an investment in the children in our schools, our most precious resources.  
**So thank you!**

I SUPPORT SCHOOL CHAPPIES

## FILL OUT THE BELOW FORM TO SUPPORT YOUR CHOSEN CHAPLAINCY



Every CTP Insurance placed through our PartnerProgram will earn SU Qld, or the nominated school chaplaincy annual donations.

### STEP 1: Who would you like to receive your support?

- SU Qld's general work  
 Chaplain at \_\_\_\_\_ School

### STEP 2: Your details

Title \_\_\_\_\_ Given Name(s) \_\_\_\_\_  
Family Name \_\_\_\_\_  
Mobile \_\_\_\_\_ Other \_\_\_\_\_  
Email \_\_\_\_\_  
Signature \_\_\_\_\_

### STEP 3: Transfer your CTP Insurance

 Each Registered Vehicle Owner MUST complete a separate CTP Insurance Nomination Form.

CRN (Driver's Licence Number)

Date of birth

Registration Number (Vehicle 1)

Registration Number (Vehicle 2)

Once we have received your form, your next vehicle registration renewal notice from Queensland Transport will list QBE as the CTP insurer. Free DriverProtect Cover is offered to drivers aged 25 or over of Class 1 and 6 vehicles.

**STEP 4: Return this form to the person you received it from** Or post to **PartnerProgram, PO Box 7512 East Brisbane QLD 4169**  
Alternatively you can fax to **(07) 3349 7100** or complete online at [www.partnerprogram.com.au](http://www.partnerprogram.com.au)

**Privacy Statement:** You agree for your personal information to be passed onto our Insurance Provider, QBE Insurance, for the purposes you have indicated. The information you provide will only be conveyed to this provider in order to obtain suitable products and services for your needs. Your information will be kept secure in accordance with QBE's Privacy Policy and the information will be made available to you any time you wish to access it. SU Qld is not the issuer of any general insurance products or services and do not provide, endorse, recommend or otherwise assume responsibility for these insurances.

I have read the Privacy Statement and agree to let an underwriter contact me regarding the insurance products I have selected. I declare that my details are correct and that they relate to only my needs.