

## Method of payment form


Please complete the personal details section and the section appropriate to your intended method of payment and return the form to your relevant financial professional or Zurich International Life.

The completed form should not be submitted direct to your bank.

**Personal details (policy owners(s))**

**Name of policy owner 1**

**Title**

Mr     Mrs     Miss

Ms     Dr     Other – *please give details*

Family name

Forename(s)

**Name of policy owner 2**

**Title**

Mr     Mrs     Miss

Ms     Dr     Other – *please give details*

Family name

Forename(s)

**Policy details**

Type of policy

Policy/Application number (if known)

**Credit card payment**

Suitable for use with Vista, Futura, Supra, Supra Education and Supra Wedding policies. It can only be used by policy owners and their spouses. If the payer is the policy owner's spouse we will require identification details and proof of relationship to the policy owner of that person. Instructions from other third parties will not be accepted. Only suitable for regular premium new business. If paying a combination of regular and single contributions, please arrange payment using one of the other methods.

I authorise Zurich International Life Limited, until further notice in writing, to debit my credit card account, as detailed below, with unspecified amounts in respect of the premiums for my Zurich International Life Limited policy as and when they fall due and in respect of charges for collection of the premiums by credit card that are passed onto me by Zurich International Life Limited.

I understand that this authority in favour of Zurich International Life Limited will remain in force until such time as I cancel it in writing.

*Details of current rates of charges are available on request. Please note that Zurich International Life is not liable for any losses arising as a result of action taken by the cardholder's credit card company.*

**Credit card type**     Visa     Mastercard

Name of card issuer – *such as HSBC.*

Currency of card

**Credit card expiry date**    Month    Year

**Credit card number**   

Name on card

**Cardholder's address – as held by credit card company.**

.....

Currency     Amount in figures

Amount in words

**Commencing on**

Day    Month    Year

\*and     Yearly     Half-yearly     Quarterly     Monthly    thereafter

\* Premiums will only be collected on this date should there be a run, otherwise they will be collected on the next available run.

New business premiums will be collected on the first possible run after all outstanding information is received. All future premiums will be collected on the specified date should there be a run, otherwise they will be collected on the next available run. More than one premium may be collected in a month should the policy be in arrears.

**I understand that this authority in favour of Zurich International Life will remain in force until such time as I cancel it in writing.**

Signature

Date    Day    Month    Year



