PAYMENT DETAILS

PAYER DETAILS

Primary Policy Owner ◯ **or** Person 2 ◯

If none of these, please complete contact details below:

Title Mr ◯ Mrs ◯ Ms ◯ Miss ◯ Dr ◯ Other ◯

Last Name ______________________

First Name(s) ______________________

Residential Address ______________________ Street No/Name

______________________ Suburb

______________________ City ______________________ Postcode

FREQUENCY OF PAYMENTS

Please indicate your payment frequency: Yearly ◯ Half Yearly ◯ Quarterly ◯ Monthly ◯ Fortnightly* ◯

*Not available for Whole of Life or Endowment

PREMIUM DETAILS

Premium Payment $______________________ Receipt No. ______________________

DIRECT DEBIT AUTHORITY

Is Payment by an existing direct debit? Yes ◯ No ◯

If Yes, please complete existing account details

bank	branch	account number	suffix	authority number

If No, please complete the Direct Debit below:

If you have a preferred monthly payment date please nominate between 1st and 28th ______________________

DIRECT DEBIT AUTHORITY

AMP Life Limited ABN 84 079 300 379
86-90 Customhouse Quay, PO Box 1290
Wellington, New Zealand
Authority to accept Direct Debit
Not to operate as an assignment or agreement

Bank Account Details: 0 2 0 0 0 3 9

Account Name: ______________________

Bank account from which payments are to be made:

bank	branch	account number	suffix

To the manager ______________________ bank ______________________ branch name

I/we authorise you until further notice to debit my/our account with all amounts which AMP Life Limited, the registered Initiator of the above authorisation code, may initiate by direct debit.

I/we acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

Billing date______________________ Payer code ______________________

Payer particulars______________________ (eg: name) Payer reference ______________________ (eg: AMP Lifetrack)

Your signature(s)______________________ Date ______/______/______

For bank use only:

Date received ______/______/______ Recorded by______________________ Checked by ______________________

Approved Bank Bank Stamp

0003
01 | 1991