

Application to pay premiums by debit order

Section A: Personal details

1. Policy number

2. Full names of policyholder

Postal address

Postal code

Title (eg Dr/Prof/Mr/Ms) Gender M F

RSA ID Yes No ID number/Registration number

Date of birth DD - MM - YYYY Language Eng Afr

Telephone - work (code - number) Fax - work (code - number)

Telephone - home (code - number) Fax - home (code - number)

Cell number

E-mail

How would you like us to reply to this request? Mail Telephone Fax E-mail

Additional policyholders

1.

2.

3. Premium payer's full name/
Financial institution

Postal address

Postal code

Title (eg Dr/Prof/Mr/Ms) Gender M F

RSA ID Yes No ID number/Registration number

Date of birth DD - MM - YYYY Language Eng Afr

Not applicable to Myriad policies

4. Insured life
(if other than policyholder)

Postal address

Postal code

Additional insured lives

1.

2.

BRANCH/BROKER: CONTACT DETAILS

Return to: Broker Client

Section B: Personal bank details of premium payer

Name of institution

Branch

City/Town

Type of account Current Savings Transmission

Account number

Bank branch code - - -

Title Initials

Surname of account holder

Bank telephone number Deduction date - -

Please provide us with a copy of your original, complete bank statement or a cancelled cheque in confirmation of your bank details.

Section C: Bank account details for loan/debt repayments

Please give details of any loan/debt repayments that we must include in this debit order.

Policy numbers

1. 2.

3. 4.

Repayment amount

1. R 2. R

3. R 4. R

Please note: We can deduct premiums on any day that you choose, but from the 1st to the 20th of the month, we will deduct the amount for the current month. From the 21st to the end of the month, we will deduct the amount for the following month. This means that we could deduct two payments.

Momentum may debit the above account with all outstanding amounts. This authorisation will remain in force until I cancel it in writing. I agree to let Momentum know of all changes in my account details.

Signature of account holder

Date - - 2 0

In the event of a legal entity:

1. Registration number

2. I am/We are duly authorised to represent the legal entity

Signature

3. Name in block letters

4. Designation