

DIRECT DEBIT AUTHORISATION FORM

You are hereby authorised and requested to pay and debit to the account of the undersigned mentioned overleaf, whether it continues to be maintained at the branch named overleaf or is from time to time transferred to another branch of the Bank, all Payment Orders in the form or substantially in the form illustrated in Annexure "A" hereto purporting to be drawn on you on the behalf of the undersigned, or of any of the undersigned if more than one, by and made payable to:

RESOLUTION LIFE ASSURANCE COMPANY LTD and presented to you for payment and to pay and debit to the said account all amounts specified on any magnetic or computer-produced paper tape that is or purports to be a direction on behalf of the undersigned to credit an amount to the said Payee and to debit such amount to the said account. **This authorisation may be revoked on ten (10) day's written notice to the branch of the Bank at which the said account is for the time being maintained.**

In consideration of your acting as aforesaid, it is agreed that your treatment of each such Payment Order and your rights with respect to it shall be the same as if it were signed by the undersigned, or by each of the undersigned if more than one, personally and that your rights by reason of the payment and debit as aforesaid as the amount were specified on each such tape shall be the same as if such amount were specified in a written direction to credit such amount to the payee and to debit such amount to the said account signed by the undersigned, or by each of the undersigned if more than one personally and that failure to pay any such Payment Order or to credit or debit the amount specified on any such tape shall give rise to no liability on your part even if such failure results in a default in the fulfilment of any obligations of the undersigned or a forfeiture of insurance or damage of any kind.

You are further authorised to debit to the said account any and all service charges which you may make from time to time for performing the above services and to vary the amount of such service charges in accordance with the bank's scale of fees or policy applicable from time to time.

In the event that there shall be insufficient funds standing to the credit of the said account at the time when any Payment Order or magnetic or computer-produced paper tape is presented to you for payment and debit to the said account you are hereby specifically authorised and instructed to return such voucher or tape as dishonoured to the party specified thereon for that purpose notwithstanding the fact that there may be at that time sufficient funds standing to the credit of any other account or accounts maintained by the undersigned, or any one of them if more than one, with your bank or any branch thereof.

Any delivery of this authorisation to you will constitute delivery by the undersigned.

To: _____ (Bank)

(please print name of your bank)

(Branch)

(Branch where account is maintained)

Current A/C # _____ Savings A/C # _____ Other A/C # _____
(complete the one that is applicable)

Name _____
(Print name(s) in which account stands in Bank records)

DETAILS OF POLICY(S)			
Policy Number(s)	Name(s) of Person(s) Insured	Premium	Loan Repayment

Commencement date: 17 28 _____ TOTAL \$ _____
(Please tick one) (month/year)

This replaces current Direct Debit

This is an additional/separate Direct Debit (Separate Account)

It is understood and agreed that while this Direct Debit Authorisation is in effect, neither Notice of Renewal or Premium Due nor receipts will be provided.

Date

Signature(s) of Depositor(s) as shown in bank records for account maintained above

NB. For joint account, all the depositors must sign this authorisation