



Complete the DD authority form, place in an envelope and address to:

FreePost 114353

Pinnacle Life



PO Box 1471 Auckland 1140

Direct Debit Authority Form

Authority to Accept Direct Debits (not to operate as an assignment or agreement)

Name of account holder:

Bank Branch Number Account Number Suffix (May be only 2 digits)

To: The Manager

Name of Bank:

Authorisation Code 1208311

Postal Address: City:

I/We authorise you until further notice in writing to debit my/our account with you all amounts which: PINNACLE LIFE (hereafter referred to as the Initiator) the registered Initiator of the above authorisation code may initiate by Direct Debit. I/We acknowledge and accept the bank accepts this authority only upon the conditions listed below.

Payer Particulars Payer Code Payer Reference

Authorised signature: Date:

For bank use only

Approved 0831 02/07

Date Received: Recorded By: Checked By

Bank Stamp

CONDITIONS OF THIS AUTHORITY

- 1. The Initiator: (a) Regular Debits... (b) May, upon the relationship... (c) May rely on this authority... 2. The Customer may: (a) At any time, terminate... (b) Stop payment... (c) Where a variation... 3. The Customer acknowledges that: (a) This authority will remain... (b) In any event... (c) Any dispute... (d) The Bank accepts no responsibility... (e) The Bank is not responsible... (f) Notice given... 4. The Bank may: (a) In its absolute discretion... (b) At any time terminate... (c) Charge its current fees... (d) Upon receipt of an "authority to transfer form"...