



Credit and debit card payment authority form

Full name of policy owner

| | | |
|---------------|---------|--|
| First name(s) | Surname | Policy number (s) for which this authority applies |
|---------------|---------|--|

Your contact details

| |
|----------------|
| Street address |
|----------------|

| | |
|-----------|----------|
| Town/city | Postcode |
|-----------|----------|

| | |
|------------|----------------|
| Home phone | Business phone |
|------------|----------------|

| | |
|--------------|----------------|
| Mobile phone | E-mail address |
|--------------|----------------|

Credit card details

| |
|---------------------------------------|
| Cardholders name as shown on the card |
|---------------------------------------|

Card type Visa Mastercard Diners Amex

Payment frequency Monthly Half yearly Annually

Card number

Expiry date

I authorise Pinnacle Life Ltd to debit the nominated credit card/debit card account with the premiums payable (and any increase to those premiums), for the insurance cover provided under the policy/policies listed above. I accept the additional fee of 3.95% when paying by credit card/debit card.

| |
|-------------------------|
| Signature of cardholder |
|-------------------------|

| |
|------|
| Date |
| / / |

| |
|--|
| Where the payer is neither the life assured nor policy owner, what is the relationship and what is their daytime contact phone number? |
|--|

Please check that all details are correct, then return this form to Pinnacle Life Ltd, Freepost 114353, PO Box 1471, Auckland 1140; or scan and email it to ask@pinnaclelife.co.nz.

If you have any questions, please call our Customer Service Team on 0800 22 22 23.