



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)

Authorisation Code 1208311

Name of account holder:

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

To: The Manager

Name of Bank:

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... (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"...