



CREDIT AND DEBIT CARD PAYMENT AUTHORITY FORM

PO Box 1471, Auckland 1140
Ph 09 522 5515
Fax 09 522 5518
Freephone 0800 22 22 23
Freefax 0800 746 777
Email ask@pinnaclelife.co.nz

Full name of policy owner

First name(s)	Surname	Policy number (s) for which this authority applies
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pinnaclelife.co.nz

Your contact details

Street address

Town/city	postcode
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Home phone	Business phone
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Mobile phone	E-mail address
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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?
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Please check that all details are correct, then return this form to Pinnacle Life Ltd, Freepost 114353, PO Box 1471, Auckland 1140; fax it to 0800 746 777 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.