

## <u>Credit card/Deposit Account – Direct Debit Consent Form for Unit-linked Policy</u>

พรูเทนเช	อส บระกันบอิท	Branch Account (Debtor)				
Date	MonthYear					
Name		MooTrork/SoiRoad				
Khwae	g/TambonKhet/AmphurF	ProvinceTel NoTel No				
would I	ke Prudential Life Assurance (Thailand) Public Company Limited (hereinafter sl	shall be referred to as "Company") to inform (Bank's				
name).	(hereinafter shall be referred to as "Bank")	") to debit from my credit card/deposit account to pay life insurance premiums for				
		elationship 🔲 Self 🔲 Father-Mother 🔲 Spouse 🖳 Children 🔲 Sibling 🔲 Grandparent				
Proof o	relationship between the Payor and the Applicant is attached herewith.					
Please	select only one premium payment channel from the following:					
Dire	ct debit via credit card ( $\square$ for first year and renewal premiums $\square$ for first yea	ear premium only 🔲 for current due and renewal premium)				
Type o	credit card UISA MASTER Bank					
	ard No.	Expiry Date /				
Cardho	der's Name (English)Ar	Amount Baht Date of first direct debit (if any)				
_	ct debit via deposit account (for renewal premiums)					
	deposit account Savings Current Account No.					
• .		Branch Amount Baht				
	ions and Consent	Danci				
		ount to pay life insurance premiums and/or any obligations of the applicant specified in this				
	I agree and give consent that the bank will debit from my credit card/deposit account to pay life insurance premiums and/or any obligations of the applicant specified in this document to the Company, by agreeing to allow the bank to charge via my credit card/debit from my said account, according to the amount shown in this document, invoice, electronic media, and/or any channels that the bank receives from the Company, and transfer the said amount to the Company's deposit account. With this, I agree and accept that the bank will deduct money only when the credit card/funds in the said deposit account has sufficient balance for the current billing/deduction. I also agree to					
	abide by the terms and conditions prescribed by the bank in all respects.	in deposit account has sufficient balance for the current billing deduction. I also agree to				
	amount notified by the Company to the bank is incorrect, or there is any damage o	account according to the preceding paragraph, and if it appears in the future that the or error that occurs, I agree to claim the amount directly from the Company. I hereby waive				
	he right to claim or sue the bank to compensate for the money the bank has charg n the event that I choose to pay the premium by installment I agree that the bank	arged/deduct from the said deposit account or claim damages from the bank.  Ik will charge my credit card / deduct the money from my account for the first payment of the				
	premium at the rate equal to the premium for 2 installments and for the subsequen					
		urance, I agree and accept that when the Company has received the premium payment, but				
		sideration within 14 working days from the date the Company received the premium advanced to the method specified by the Company. When the Company has returned				
		has considered approving my insurance application, I agree and consent to the Company				
		have specified in this document, without having to make a letter of consent to deduct				
	money via credit card / deposit account again, or get consent from me in any way.	y.				
		with any evidence of billing/ deduction and transfer, as I can personally verify such items ATEMENT) by myself. In addition, I agree to allow the bank to collect fees, service fees and				
		to this document at the rate specified by the bank, by agreeing to deduct money from the				
	deposit account to pay off the said debt.					
		agree that the terms and conditions in this document will remain in effect for the amended				
	deposit account. Regarding my request for credit card billing/ debit from my deposit account mention	ioned above, I agree that, in the event of any damages to the bank, I am willing to indemnify				
	he Bank in all respects and unconditionally, without any arguments.	oned above, ragino man, in the croin of any damages to the banny rain mining to intermining				
		ne credit card/ deposit account of the applicant or the direct relatives of the applicant only.				
		unt as stated in this document for whatever reason, it will be treated as if no premium				
	successfully transferring money to the Company.	pany is able to collect the money from the bank/bank debit the deposit account, and				
		ne next business day after the company approves the insurance application. If the date of				
		e the investment units of that fund on the next working day the transaction can be made.				
	n the event that the due date of payment under the applicant's life insurance controrcess the transaction on the next business day.	ntract, and if the billing date falls on a public holiday or bank holiday, the Company will				
	•	ny one period, the Company will collect the premium again within 45 days from the due date				
	of the premium payment of that period.					
	3. In the event that I pay for insurance premiums via credit card, and if it appears that my signature on this document is different from the sample of the signature given to the bank, I agree to allow the bank to process the payment by credit card in all respects. I hereby waive the right to dispute, claim and/or sue against the bank and the					
	Company.	sols. Thereby ware the right to dispute, claim and/or sac against the bank and the				
14.	agree and accept that in the event of a refund of the premium for any reason, the	he Company will refund the insurance premium only to the same credit card/deposit account				
	hat the premium is debited. I agree to be responsible for all fees incurred (if any).					
	·	ment, and shall continue to be effective until the Bank has terminated the credit card billing revoke it by giving a written notice to the bank and the Company at least 90 days in				
	advance.	Size a 2, giving a million notice to the bank and the company at least or days III				
(Ciar-	0	A-E				
Signed	)Owner of credit card/depos () same as the one given	, , ,				
_	For Agent/broker/ Company (Verification)	For credit card/ deposit account issuing bank (Verification)				
	Correct	☐ Correct ☐ Incorrect (Please specify)				



(Signed)..... (.....)



พรูเด็นเชียล ประกันชีวิต <u>Credit car</u>	d/Deposit Account – Direct De	bit Consent Form for Unit-linked Policy	For Company				
DateMonth	Year		For Company				
Name	Address No	Moo Trork/Soi Road					
Khwaeng/Tambon	Khet/Amphur	ProvincePostal Code	Tel No				
would like Prudential Life Assurance (Tha	iland) Public Company Limited (hereinaft	er shall be referred to as "Company") to inform (Bank's					
name)	(hereinafter shall be referred to as "Bar	nk") to debit from my credit card/deposit account to pay life ins	surance premiums for				
Applicant's name Ap	plication/Contract No	Relationship 🔲 Self 🔲 Father-Mother 🔲 Spouse 🔲 Childre	en 🔲 Sibling 🔲 Grandparent.				
Proof of relationship between the Payor a	•	·	3 1				
Please select only one premium payment							
		year premium only   for current due and renewal premium)	1				
Type of credit card VISA MASTER		, oa. p.ea e, ea e a a e					
Credit card No.		Expiry Date					
		. Amount	t (if any)				
Direct debit via deposit account (for		- / Iniodrita	. (II GITY)				
Type of deposit account Savings		<b>1-</b>					
			Delt				
	Bank	Amount	Bant				
Conditions and Consent     I agree and give consent that the barrier	ank will debit from my credit card/denosit a	count to pay life insurance premiums and/or any obligations of	the applicant enecified in this				
I -	-	dit card/debit from my said account, according to the amount sh					
, , , ,	• • •	ny, and transfer the said amount to the Company's deposit accou					
	·	said deposit account has sufficient balance for the current billing	. •				
·	rescribed by the bank in all respects.	said deposit account has sufficient balance for the current billing	deduction. Talso agree to				
		sit account according to the preceding paragraph, and if it appea	are in the future that the				
		ge or error that occurs, I agree to claim the amount directly from					
	· · · · · · · · · · · · · · · · · · ·	charged/deduct from the said deposit account or claim damages					
=		ank will charge my credit card / deduct the money from my acco					
	· · · · · · · · · · · · · · · · · · ·	quent installments, it will be going at a rate equal to the premium	· •				
		surance, I agree and accept that when the Company has receiv					
	· · · · · · · · · · · · · · · · · · ·	onsideration within 14 working days from the date the Company					
		ess day according to the method specified by the Company. Whe					
		ny has considered approving my insurance application, I agree	· ·				
to immediately collect premium pays	nent according to the payment method that	t I have specified in this document, without having to make a let	tter of consent to deduct				
money via credit card / deposit acco	ount again, or get consent from me in any v	vay.					
4. I agree and accept that all documer	its regarding the billing via credit card/debit	ing my deposit account as stated in this document are accurate	in all respects. The bank does				
not have to notify credit card billing/	debit from my deposit account or provide m	ne with any evidence of billing/ deduction and transfer, as I can p	personally verify such items				
from the CREDIT CARD STATEME	NT, passbook and /or account statement (S	STATEMENT) by myself. In addition, I agree to allow the bank to	collect fees, service fees and				
or any expenses in connection with	the use of the direct debit service according	g to this document at the rate specified by the bank, by agreeing	g to deduct money from the				
deposit account to pay off the said	debt.						
'	account has been changed for any reason,	I agree that the terms and conditions in this document will remain	ain in effect for the amended				
deposit account.	11.90						
<ol> <li>Regarding my request for credit can the Bank in all respects and uncond</li> </ol>		ntioned above, I agree that, in the event of any damages to the	bank, I am willing to indemnify				
		the credit card/ deposit account of the applicant or the direct re	latives of the applicant only				
		count as stated in this document for whatever reason, it will be to					
	•	npany is able to collect the money from the bank/bank debit the	· ·				
successfully transferring money to the		inputity to able to collect the money work the ballity ballity able to	dopoon doodant, and				
<u> </u>		the next business day after the company approves the insurance	ce application. If the date of				
purchase of investment units is a ho	oliday for any fund, the Company will purch	ase the investment units of that fund on the next working day the	e transaction can be made.				
10. In the event that the due date of pa	yment under the applicant's life insurance o	contract, and if the billing date falls on a public holiday or bank h	oliday, the Company will				
process the transaction on the next	business day.						
=		any one period, the Company will collect the premium again with	nin 45 days from the due date				
of the premium payment of that peri			e.				
		of the credit card/deposit account, must sign to acknowledge it of					
· ·		that my signature on this document is different from the sample					
-	locess the payment by credit card in all res	spects. I hereby waive the right to dispute, claim and/or sue agai	rist the bank and the				
Company.  14 Lagree and accept that in the event	of a refund of the premium for any reason	, the Company will refund the insurance premium only to the sar	me credit card/deposit account				
_ ·	to be responsible for all fees incurred (if a		no ordan dara appoint account				
15. I agree that this document will take	effect immediately from the date of this doc	cument, and shall continue to be effective until the Bank has terr	ninated the credit card billing				
service/deducted from the deposit account according to this document, or until I revoke it by giving a written notice to the bank and the Company at least 90 days in							
advance.							
(Signed)	Signed)						
, ,							
			·				
For Agent/broker/ 0	Company (Verification)	For credit card/ deposit account issuing	pank (Verification)				
☐ Correct ☐ Incorrect (Please s	pecify)	Correct Incorrect (Please specify)					
(Signed)		(Signed)					
, . <b>.</b> ,		1a \darksquare -					

(.....)





ພຣູເຄົ້ນເ	เชียล ประกันชีวิต Credit card/Deposit Account – Direct Debit	Consent Form for Unit-linked Policy	For Customer				
Date	Year		roi customer				
Name.	Address NoMo	ooRoadRoad					
Khwae	ng/TambonKhet/AmphurF	ProvinceTel NoTel No					
would	like Prudential Life Assurance (Thailand) Public Company Limited (hereinafter s	hall be referred to as "Company") to inform (Bank's					
name).	(hereinafter shall be referred to as "Bank")	to debit from my credit card/deposit account to pay life insurance prem	iums for				
Applica	ant's nameApplication/Contract NoRela	ationship 🔲 Self 🔲 Father-Mother 🔲 Spouse 🔲 Children 🔲 Sibling	Grandparent.				
	of relationship between the Payor and the Applicant is attached herewith.		·				
Please	select only one premium payment channel from the following:						
Dire	ect debit via credit card ( for first year and renewal premiums  for first yea	r premium only 🔲 for current due and renewal premium)					
Type o	f credit card VISA MASTER Bank						
Credit	card No.	Expiry Date /					
Cardho	older's Name (English)Ar						
☐ Dir	ect debit via deposit account (for renewal premiums)						
Type o	f deposit account Savings Current Account No.						
• .	nt nameBank	BranchAmount	Baht				
	tions and Consent						
	I agree and give consent that the bank will debit from my credit card/deposit account	int to pay life insurance premiums and/or any obligations of the applicant s	specified in this				
	document to the Company, by agreeing to allow the bank to charge via my credit of	card/debit from my said account, according to the amount shown in this do	cument, invoice,				
	electronic media, and/or any channels that the bank receives from the Company, a	and transfer the said amount to the Company's deposit account. With this,	I agree and				
	accept that the bank will deduct money only when the credit card/funds in the said	deposit account has sufficient balance for the current billing/deduction. I a	lso agree to				
	abide by the terms and conditions prescribed by the bank in all respects.						
	In addition, after the bank has charged via credit card/deducted from my deposit and						
	amount notified by the Company to the bank is incorrect, or there is any damage of	-					
	the right to claim or sue the bank to compensate for the money the bank has chargen in the event that I choose to pay the premium by installment I agree that the bank	- · · · · · · · · · · · · · · · · · · ·					
۷.	premium at the rate equal to the premium for 2 installments and for the subsequen		t payment of the				
3.	In the event that I choose to pay the premium on the date of applying for life insura		m payment, but				
	the Company has not yet approved the application or has not completed the consideration of the company has not yet approved the application or has not completed the consideration of the company has not yet approved the application or has not completed the consideration of the company has not yet approved the application or has not completed the consideration of the company has not yet approved the application or has not completed the consideration of the company has not yet approved the application or has not completed the consideration of the company has not yet approved the application or has not completed the consideration of the company has not yet approved the application or has not completed the consideration of the consideratio						
	payment, the Company will refund the said premium to me on the next business of						
	the premium to me according to the previous paragraph, if later on the Company h	as considered approving my insurance application, I agree and consent to	o the Company				
	to immediately collect premium payment according to the payment method that I have	ave specified in this document, without having to make a letter of consent	to deduct				
	money via credit card / deposit account again, or get consent from me in any way.						
4.	I agree and accept that all documents regarding the billing via credit card/debiting	my deposit account as stated in this document are accurate in all respects	. The bank does				
	not have to notify credit card billing/debit from my deposit account or provide me with any evidence of billing/ deduction and transfer, as I can personally verify such items						
	from the CREDIT CARD STATEMENT, passbook and /or account statement (STA	TEMENT) by myself. In addition, I agree to allow the bank to collect fees,	service fees and				
	or any expenses in connection with the use of the direct debit service according to	this document at the rate specified by the bank, by agreeing to deduct mo	oney from the				
	deposit account to pay off the said debt.						
5.	In the event that the above deposit account has been changed for any reason, I as deposit account.	gree that the terms and conditions in this document will remain in effect for	the amended				
6.	Regarding my request for credit card billing/ debit from my deposit account mention	ned above, I agree that, in the event of any damages to the bank, I am wil	lling to indemnify				
	the Bank in all respects and unconditionally, without any arguments.	, , , , , , , , , , , , , , , , , , , ,	,				
7.	I agree and accept that the Company will approve the payment of premium via the	credit card/ deposit account of the applicant or the direct relatives of the a	applicant only.				
8.	I agree that if the bank is unable to charge the credit card/debit the deposit accour	at as stated in this document for whatever reason, it will be treated as if no	premium				
	payment has occurred. The premium payment is completed only when the Compar	ny is able to collect the money from the bank/bank debit the deposit accou	ınt, and				
	successfully transferring money to the Company.  The Company will use the insurance promium to purchase investment units on the	next business day after the company approves the incurance application	If the date of				
	The Company will use the insurance premium to purchase investment units on the purchase of investment units is a holiday for any fund, the Company will purchase						
	In the event that the due date of payment under the applicant's life insurance contri						
	process the transaction on the next business day.						
11.	I agree that in the event that the Company is unable to collect the premium in any	one period, the Company will collect the premium again within 45 days from	om the due date				
	of the premium payment of that period.						
	I agree that in the event of any amendments to this document, I, as the owner of the						
	In the event that I pay for insurance premiums via credit card, and if it appears that		•				
	bank, I agree to allow the bank to process the payment by credit card in all respec Company.	is. Thereby waive the right to dispute, claim and/or sue against the bank a	ind the				
	I agree and accept that in the event of a refund of the premium for any reason, the	Company will refund the insurance premium only to the same credit card.	/deposit account				
	that the premium is debited. I agree to be responsible for all fees incurred (if any).		•				
15.	15. I agree that this document will take effect immediately from the date of this document, and shall continue to be effective until the Bank has terminated the credit card billing						
	service/deducted from the deposit account according to this document, or until I revoke it by giving a written notice to the bank and the Company at least 90 days in						
	advance.						
(Signed	(Signed)						
	() same as the one given to the Bank ()						
	For Agent/broker/ Company (Verification)	For credit card/ deposit account issuing bank (Verific	cation)				
_							
	Correct	☐ Correct ☐ Incorrect (Please specify)					
(Sigr	ned)	(Signed)					

(.....)