



Date.....Month.....Year.....

Name..... Address No..... Moo..... Trork/Soi..... Road.....

Khwaeng/Tambon..... Khet/Amphur..... Province..... Postal Code..... Tel No.....

would like Prudential Life Assurance (Thailand) Public Company Limited (hereinafter 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

Applicant's name Application/Contract No..... Relationship Self Father-Mother Spouse Children Sibling Grandparent.

Proof of relationship between the Payor and the Applicant is attached herewith.

Please select only one premium payment channel from the following:

Direct debit via credit card (for first year and renewal premiums for first year premium only for current due and renewal premium)

Type of credit card VISA MASTER Bank.....

Credit card No. [] [] [] [] - [] [] [] [] - [] [] [] [] - [] [] [] [] Expiry Date [] [] / [] []

Cardholder's Name (English) Amount..... Baht Date of first direct debit (if any)

Direct debit via deposit account (for renewal premiums)

Type of deposit account Savings Current Account No. [] [] [] [] - [] [] [] [] - [] [] [] [] [] [] [] [] - [] [] [] [] [] [] [] []

Account name.....Bank..... Branch.....Amount.....Baht

Conditions and Consent

- 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 addition, after the bank has charged via credit card/deducted from my deposit account according to the preceding paragraph, and if it appears in the future that the amount notified by the Company to the bank is incorrect, or there is any damage or error that occurs, I agree to claim the amount directly from the Company. I hereby waive the right to claim or sue the bank to compensate for the money the bank has charged/deduct from the said deposit account or claim damages from the bank.
- In the event that I choose to pay the premium by installment I agree that the bank 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 subsequent installments, it will be going at a rate equal to the premium for 1 period.
- In the event that I choose to pay the premium on the date of applying for life insurance, I agree and accept that when the Company has received the premium payment, but the Company has not yet approved the application or has not completed the consideration within 14 working days from the date the Company received the premium payment, the Company will refund the said premium to me on the next business day according to the method specified by the Company. When the Company has returned the premium to me according to the previous paragraph, if later on the Company has considered approving my insurance application, I agree and consent to the Company to immediately collect premium payment according to the payment method that I 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.
- 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 (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 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.
- In the event that the above deposit account has been changed for any reason, I 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 mentioned above, I agree that, in the event of any damages to the bank, I am willing to indemnify the Bank in all respects and unconditionally, without any arguments.
- 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 applicant only.
- I agree that if the bank is unable to charge the credit card/debit the deposit account 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 Company is able to collect the money from the bank/bank debit the deposit account, and successfully transferring money to the Company.
- The Company will use the insurance premium to purchase investment units on the next business day after the company approves the insurance application. If the date of purchase of investment units is a holiday for any fund, the Company will purchase the investment units of that fund on the next working day the transaction can be made.
- In the event that the due date of payment under the applicant's life insurance contract, and if the billing date falls on a public holiday or bank holiday, the Company will process the transaction on the next business day.
- 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 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 credit card/deposit account, must sign to acknowledge it every time.
- 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.
- 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).
- 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)..... Owner of credit card/deposit account (Signed)..... Application name
 (.....) same as the one given to the Bank (.....)

For Agent/broker/ Company (Verification)
 Correct Incorrect (Please specify).....
 (Signed).....
 (.....)

For credit card/ deposit account issuing bank (Verification)
 Correct Incorrect (Please specify).....
 (Signed).....
 (.....)



Credit card/Deposit Account – Direct Debit Consent Form for Unit-linked Policy

For Company

Date.....Month.....Year.....
 Name..... Address No..... Moo..... Trork/Soi..... Road.....
 Khwaeng/Tambon..... Khet/Amphur..... Province..... Postal Code..... Tel No.....

would like Prudential Life Assurance (Thailand) Public Company Limited (hereinafter 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 Applicant's name Application/Contract No..... Relationship Self Father-Mother Spouse Children Sibling Grandparent.

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Please select only one premium payment channel from the following:

Direct debit via credit card (for first year and renewal premiums for first year premium only for current due and renewal premium)

Type of credit card VISA MASTER Bank.....

Credit card No. [] [] [] [] - [] [] [] [] - [] [] [] [] - [] [] [] [] Expiry Date [] [] / [] []

Cardholder's Name (English) Amount..... Baht Date of first direct debit (if any)

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Type of deposit account Savings Current Account No. [] [] [] [] - [] [] [] [] - [] [] [] [] [] [] [] []

Account name..... Bank..... Branch..... Amount..... Baht

Conditions and Consent

- 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 addition, after the bank has charged via credit card/deducted from my deposit account according to the preceding paragraph, and if it appears in the future that the amount notified by the Company to the bank is incorrect, or there is any damage or error that occurs, I agree to claim the amount directly from the Company. I hereby waive the right to claim or sue the bank to compensate for the money the bank has charged/deduct from the said deposit account or claim damages from the bank.
- In the event that I choose to pay the premium by installment I agree that the bank 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 subsequent installments, it will be going at a rate equal to the premium for 1 period.
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- 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 (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 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.
- In the event that the above deposit account has been changed for any reason, I 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 mentioned above, I agree that, in the event of any damages to the bank, I am willing to indemnify the Bank in all respects and unconditionally, without any arguments.
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(Signed)..... Owner of credit card/deposit account (Signed)..... Application name
 (.....) same as the one given to the Bank (.....)

For Agent/broker/ Company (Verification)

Correct Incorrect (Please specify).....

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

For credit card/ deposit account issuing bank (Verification)

Correct Incorrect (Please specify).....

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



Credit card/Deposit Account – Direct Debit Consent Form for Unit-linked Policy

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