

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

พริเพตเอชส ดระเนตวพ	Branch Account (Debtor)				
DateYear					
Name	o Trork/Soi				
Khwaeng/TambonKhet/Amphur	ProvinceTel NoTel No				
would like Prudential Life Assurance (Thailand) Public Company Limited (hereinafter sh	nall be referred to as "Company") to inform (Bank's				
name)(hereinafter shall be referred to as "Bank") t	o debit from my credit card/deposit account to pay life insurance premiums for				
Applicant's name	tionship 🔲 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	r premium only \square for current due and renewal premium)				
Type of credit card UISA MASTER Bank					
Credit card No.	Expiry Date /				
Cardholder's Name (English) An	nount Baht Date of first direct debit (if any)				
Direct debit via deposit account (for renewal premiums)					
Type of deposit account					
Account nameBank.	BranchAmountBaht				
Conditions and Consent					
	nt to pay life insurance premiums and/or any obligations of the applicant specified in this				
	ard/debit from my said account, according to the amount shown in this document, invoice, nd transfer the said amount to the Company's deposit account. With this, I agree and				
	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 ac	count according to the preceding paragraph, and if it appears in the future that the r 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 charge					
	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 subsequents. In the event that I choose to pay the premium on the date of applying for life insura	t installments, it will be going at a rate equal to the premium for 1 period. Ince, 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 of the date of applying for line insular the Company has not yet approved the application or has not completed the consideration of the date of applying for line insular the company has not yet approved the application or has not completed the consideration.					
	ay according to the method specified by the Company. When the Company has returned				
	as considered approving my insurance application, I agree and consent to the Company				
money via credit card / deposit account again, or get consent from me in any way.	ave specified in this document, without having to make a letter of consent to deduct				
	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.	,,,,,				
,	ree that the terms and conditions in this document will remain in effect for the amended				
deposit account. 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 willing to indemnify				
the Bank in all respects and unconditionally, without any arguments.	ou appropriately and all the control of any canadyse to the paint, I am mining to made may				
	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 accoun payment has occurred. The premium payment is completed only when the Compar 					
successfully transferring money to the Company.	y is able to collect the money from the bankabank debit the deposit account, and				
	next business day after the company approves the insurance application. If the date of				
	the investment units of that fund on the next working day the transaction can be made. act, and if the billing date falls on a public holiday or bank holiday, the Company will				
10. In the event that the due date of payment under the applicant's life insurance contribution process the transaction on the next business day.	act, and it the billing date falls on a public holiday of bank holiday, the Company will				
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 the due date				
of the premium payment of that period.					
12. I agree that in the event of any amendments to this document, I, as the owner of the standard of the standard in the event that I pay for insurance premiums via credit card, and if it appears that	the credit card/deposit account, must sign to acknowledge it every time. The 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 respect					
Company.					
14. I agree and accept that in the event of a refund of the premium for any reason, the that the premium is debited. I agree to be responsible for all fees incurred (if any).	Company will refund the insurance premium only to the same credit card/deposit account				
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) Owner of credit card/depos	, , , , , , , , , , , , , , , , , , , ,				
() same as the one given	to the Bank ()				
For Agent/broker/ Company (Verification)	For credit card/ deposit account issuing bank (Verification)				
☐ Correct ☐ Incorrect (Please specify)	☐ Correct ☐ Incorrect (Please specify)				



(Signed)......)



พรูเด็นเชี	ยล ประทันชีวิต	Credit card/Deposit Account – Direct Debit	Consent Form for Unit-linked Policy	For Company		
Date	Mont	hYear		roi Company		
Name		Address NoMc	o Trork/Soi Road			
Khwaen	g/Tambon	Khet/AmphurF	ProvinceTel NoTel No			
would lik	e Prudentia	l Life Assurance (Thailand) Public Company Limited (hereinafter sl	nall be referred to as "Company") to inform (Bank's			
name)		(hereinafter shall be referred to as "Bank")	o debit from my credit card/deposit account to pay life insurance prem	niums for		
Applican	ıt's name	Application/Contract No	tionship 🔲 Self 🔲 Father-Mother 🔲 Spouse 🔲 Children 🔲 Sibling	g 🔲 Grandparent		
		between the Payor and the Applicant is attached herewith.		•		
Please s	elect only o	one premium payment channel from the following:				
		credit card (for first year and renewal premiums for first year	r premium only 🔲 for current due and renewal premium)			
		☐ VISA ☐ MASTER Bank	· ,			
Credit ca	ard No.		Expiry Date			
Cardholo	der's Name	(English)Ar	nount Baht Date of first direct debit (if any)			
		deposit account (for renewal premiums)	` '/			
		ount Savings Current Account No.				
	•		Amount	Baht		
	ons and Cons					
			nt to pay life insurance premiums and/or any obligations of the applicant	specified in this		
d	locument to t	the Company, by agreeing to allow the bank to charge via my credit c	ard/debit from my said account, according to the amount shown in this do	cument, invoice,		
е	lectronic me	dia, and/or any channels that the bank receives from the Company, a	nd transfer the said amount to the Company's deposit account. With this,	I agree and		
			deposit account has sufficient balance for the current billing/deduction. I a	also agree to		
		terms and conditions prescribed by the bank in all respects.				
			count according to the preceding paragraph, and if it appears in the futur			
			r error that occurs, I agree to claim the amount directly from the Company	=		
	-	· · · · · · · · · · · · · · · · · · ·	led/deduct from the said deposit account or claim damages from the bank will charge my credit card / deduct the money from my account for the fire			
			t installments, it will be going at a rate equal to the premium for 1 period.	st payment of the		
			ince, I agree and accept that when the Company has received the premit	ım pavment, but		
			leration within 14 working days from the date the Company received the	· ·		
			ay according to the method specified by the Company. When the Compa			
th	ne premium t	to me according to the previous paragraph, if later on the Company h	as considered approving my insurance application, I agree and consent t	o the Company		
to	immediatel	y collect premium payment according to the payment method that I have	ave specified in this document, without having to make a letter of consen	t to deduct		
n	noney via cre	edit card / deposit account again, or get consent from me in any way.				
4. I	agree and a	ccept that all documents regarding the billing via credit card/debiting r	ny deposit account as stated in this document are accurate in all respects	3. The bank does		
			th any evidence of billing/ deduction and transfer, as I can personally ver	-		
		•	EMENT) by myself. In addition, I agree to allow the bank to collect fees,			
		-	this document at the rate specified by the bank, by agreeing to deduct m	oney from the		
		int to pay off the said debt. hat the above denosit account has been changed for any reason. Lac	ree that the terms and conditions in this document will remain in effect fo	r the amended		
	eposit accou		iso that the terms and conditions in this decament will remain in cheet to	Taro amoridos		
	•		ned above, I agree that, in the event of any damages to the bank, I am wi	lling to indemnify		
th	ne Bank in a	Il respects and unconditionally, without any arguments.				
	_		credit card/ deposit account of the applicant or the direct relatives of the			
	ū	,	t as stated in this document for whatever reason, it will be treated as if no	•		
	-		by is able to collect the money from the bank/bank debit the deposit account	ınt, and		
	•	ransferring money to the Company.		IE 411-4E		
			next business day after the company approves the insurance application. the investment units of that fund on the next working day the transaction			
			act, and if the billing date falls on a public holiday or bank holiday, the Co			
		ransaction on the next business day.	act, and it the billing date falls on a public holiday of bank holiday, the oc	mpany wiii		
		•	one period, the Company will collect the premium again within 45 days fro	om the due date		
0	f the premiu	m payment of that period.				
	_		ne credit card/deposit account, must sign to acknowledge it every time.			
			my signature on this document is different from the sample of the signat	=		
	_	to allow the bank to process the payment by credit card in all respect	ts. I hereby waive the right to dispute, claim and/or sue against the bank	and the		
	Company.	eccent 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	Manasit account		
	_	ium is debited. I agree to be responsible for all fees incurred (if any).	Company will return the insurance premium only to the same credit card	/deposit account		
	•		ent, and shall continue to be effective until the Bank has terminated the cr	edit card billing		
	ū	•	voke it by giving a written notice to the bank and the Company at least 90	•		
а	dvance.					
(Signed)	(Signed)					
(Jugited)			, ,	• •		
	_	For Agent/broker/ Company (Verification)	For credit card/ deposit account issuing bank (Verifi			
	Correct	Incorrect (Please specify)	☐ Correct ☐ Incorrect (Please specify)			
(Signe	ed)		(Signed)			

(.....)



(Signed)......



พรูเค็นเชียล ประกันชีวิต Credit card/Deposit Account – Direct Debit C	Consent Form for Unit-linked Policy For Cus	tomer		
DateYear	101 043			
Name	oRoad			
Khwaeng/TambonKhet/AmphurPi	rovinceTel NoTel No			
would like Prudential Life Assurance (Thailand) Public Company Limited (hereinafter sh	nall be referred to as "Company") to inform (Bank's			
name)(hereinafter shall be referred to as "Bank") to	to debit from my credit card/deposit account to pay life insurance premiums for			
Applicant's name	tionship 🔲 Self 🔲 Father-Mother 🔲 Spouse 🖵 Children 🔲 Sibling 🔲 Grar	ndparent.		
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	r premium only \square for current due and renewal premium)			
Type of credit card UISA MASTER Bank				
Credit card No.	Expiry Date			
Cardholder's Name (English)				
Direct debit via deposit account (for renewal premiums)	` ''			
Type of deposit account Savings Current Account No.	<u> </u>			
Account nameBank	Branch Amount	Baht		
Conditions and Consent	- Suloi			
I agree and give consent that the bank will debit from my credit card/deposit accound document to the Company, by agreeing to allow the bank to charge via my credit card electronic media, and/or any channels that the bank receives from the Company, an accept that the bank will deduct money only when the credit card/funds in the said cabide 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 accepts.	ard/debit from my said account, according to the amount shown in this document, in the transfer the said amount to the Company's deposit account. With this, I agree a deposit account has sufficient balance for the current billing/deduction. I also agree account according to the preceding paragraph, and if it appears in the future that the	invoice, and e to		
amount notified by the Company to the bank is incorrect, or there is any damage or the right to claim or sue the bank to compensate for the money the bank has charge. In the event that I choose to pay the premium by installment I agree that the bank we premium at the rate equal to the premium for 2 installments and for the subsequent.	ped/deduct from the said deposit account or claim damages from the bank. will charge my credit card / deduct the money from my account for the first paymen	-		
3. In the event that I choose to pay the premium on the date of applying for life insural the Company has not yet approved the application or has not completed the consider payment, the Company will refund the said premium to me on the next business day the premium to me according to the previous paragraph, if later on the Company has to immediately collect premium payment according to the payment method that I have	ance, I agree and accept that when the Company has received the premium paymederation within 14 working days from the date the Company received the premium ay according to the method specified by the Company. When the Company has releas considered approving my insurance application, I agree and consent to the Company has released to the Company has received the premium payment has released to the premium payment has released	turned npany		
 I agree and accept that all documents regarding the billing via credit card/debiting month have to notify credit card billing/debit from my deposit account or provide me with from the CREDIT CARD STATEMENT, passbook and /or account statement (STATI or any expenses in connection with the use of the direct debit service according to the deposit account to pay off the said debt. 	ith any evidence of billing/ deduction and transfer, as I can personally verify such it TEMENT) by myself. In addition, I agree to allow the bank to collect fees, service fe	tems ees and		
In the event that the above deposit account has been changed for any reason, I agr deposit account.	ree that the terms and conditions in this document will remain in effect for the ame	nded		
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.				
process the transaction on the next business day.				
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.				
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. 14. 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. 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/deposi	it account (Signed)Application	on name		
() same as the one given t				
For Agent/broker/ Company (Verification)	For credit card/ deposit account issuing bank (Verification)			
	☐ Correct ☐ Incorrect (Please specify)			

(Signed).....

(.....)