



Authorization for Automatic Charging Option

TO: INSULAR LIFE

I would like to enrol in the Automatic Charging Option (ACO) to pay through my credit card, the Premiums and Interest Charges, if any, for the following policy/ies of _____ (Relationship of Policy Owner to credit card holder: _____).
NAME OF POLICYOWNER

IC/POLICY NUMBER		

The following are the details of my credit card:

Card Type (check one)	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	Issuing Bank: _____
Credit Card Number	_____ - _____ - _____ - _____	
Credit Card Expiration Date	_____ (mm/yy)	
Credit Card Statement Date	_____ (mm/dd/yy)	
Credit Cardholder's Name	_____ (PREFIX) _____ (GIVEN NAME) _____ (SURNAME) _____ (SUFFIX)	

By signing this form, I understand that:

- I, as Cardholder, authorize Insular Life and the Issuing Bank to initiate debit entries to my enrolled credit card account for payment of initial and subsequent premiums and Interest Charges, if any due Insular Life for the enrolled policies.
- This payment facility allows the use of the credit card of the parents, spouse, children, brothers and sisters of the Policyowner.
- In the event that, on debit date, Insular Life is not successful in charging my enrolled credit card account, Insular Life may initiate succeeding debit charges against the same credit card account, as it deems necessary and at its sole discretion.
- My request for any change and/or discontinuance of this arrangement shall not prejudice any transaction effecting this arrangement, between Insular Life and the Issuing Bank, that transpired before Insular Life's confirmation of receipt my written request for change and/or notice of withdrawal.
- In case of termination of enrollment in ACO for whatever reason, Insular Life will consider that the premiums and interest charges due for the enrolled policies have not been paid and the Policyholder will have to pay the premiums and interest charges directly to Insular Life or other accredited payment facility to keep the policies in force.
- Insular Life has the absolute authority to decline any application for enrollment or cancel any enrollment for this arrangement. In such events, I, the Cardholder, will hold Insular Life free and harmless from any and all damages, liabilities, suits or causes of action which I might suffer from directly or indirectly by reason of such decline or cancellation.
- Acknowledgment Receipt from Insular Life and the Credit Card Statement of Account which reflect the total amount charged due for the enrolled policy/ies shall serve as proofs of payment.

Printed Name and Signature of Cardholder

Date

I, the Policyowner, consent to the above arrangement.

Printed Name and Signature of Policyowner

Date

For Office Use Only