

SEPA Direct Debit Mandate

Unique Mandate Reference

To be completed by the creditor - Irish Life Assurance plc

Creditor Identifier

By signing this mandate form, you authorise:**A.** Irish Life Assurance plc to send instructions to your bank to debit your account.

And

B. Your bank to debit your account in accordance with the instruction from Irish Life Assurance plc.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete ALL the fields below, if any item is blank or illegible this will cause a delay in processing your mandate.This section
must be
completed

Your Name

Your Address

City/Postcode

Country

Bank Account Number (IBAN)

- - - - -

Swift Bic

- -

Creditor Name

Creditor Address

Please tick one
box only

Type of Payment Recurrent or One-off payment

Please sign and
date

Signature

Date

When you have signed this form please return it to:

Irish Life Assurance plc, Lower Abbey Street, Dublin 1.

The above direct debit mandate relates to:

Group Risk Scheme Name

Group Risk Scheme Number

Date to start from

Please tick one
box only

And, following the first payment Every Month or Every Year