SEPA Direct Debit Mandate

Unique Mandate Reference

To be completed by the creditor - Irish Life Assurance plc

Creditor Identifier IE37ZZZ300745

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 marked*

Your Name*

Your Address*

City/Postcode* Country*

Account number (IBAN)* - - - - -

SWIFT BIC* - -

Creditor Name **Irish Life Assurance plc**

Creditor Address **Irish Life Centre, Lower Abbey Street, Dublin 1**

Type of Payment* Recurrent ◯ or One-off payment ◯ (please tick one box only)

✍ Signature (s)* ✗

Date* dd / mm / yyyy

When you have signed this form please return it to **Irish Life Assurance plc, Corporate Business, Lower Abbey Street, Dublin 1.**

The above direct debit mandate relates to:

Group Risk Scheme Name

Group Risk Scheme Number

To start from dd / mm / yyyy and, following the first payment Every month ☐ Every year ☐ (please tick one box only)

3054cb (rev 4-15

Irish Life Assurance plc is regulated by the Central Bank of Ireland.

In the interest of customer service we will monitor calls. Irish Life Assurance plc, Registered in Ireland number 152576, VAT number 9F55923G.

Irish Life Corporate Business, Lower Abbey Street, Dublin 1, Ireland. **T**: 01 704 2000 • **F**: 01 704 1905

Irish Life