



Liberty Life, Capital Alliance and Liberty Active – Authorised Financial Services Providers
 Liberty Life Centre, 1 Ameshoff Street, Braamfontein, Johannesburg, 2001
 PO Box 10499, Johannesburg, 2000
 Contact Centres numbers: Liberty Life 0860 456 789, Capital Alliance - 0860 991 991, Liberty Active - 0860 102 013
 Liberty Life: Fax no.: 086 683 9461

DEBIT ORDER PAYMENT FORM

- This form is used to authorise Liberty Life to take money from a bank account for a policy premium or loan repayment.
- If the bank account is in the name of a company, close corporation, partnership or trust, an authorised officer must stamp or seal and sign the form. The officer's title must also be included on the form.
- No other documents are required with this form.

Send the completed form to Liberty Life by: • Fax: 086 683 9461 • E-mail: opspcd@liberty.co.za • Post: P O Box 10499 Johannesburg, 2000

POLICY DETAILS

Policy Number/s: _____

Policyholder contact details:

Policyholder (full names): _____

Telephone: (H) _____ Cellphone: _____

(W) _____ E-Mail: _____

Postal Address: _____ Postal Code _____

Payer contact details:

Payer (full names): _____

Telephone: (H) _____ Cellphone: _____

(W) _____ E-Mail: _____

Postal Address: _____ Postal Code _____

DEBIT ORDER DETAILS

This debit order is for:

- The payment of premiums:** Liberty Life will debit the bank account each month for premiums owing on the policy.
- The repayment of a loan:** Liberty Life will debit R _____ from the bank account each month, in addition to the policy premium (if applicable).

Debit Date: ____ / ____ / ____ (Please note that all Lifestyle policies (Policies that begin with 5, can only have the following debit dates: 01, 02, 03, 04, 05, 15, 20 or 25 of the month.)

BANK ACCOUNT DETAILS

- I/We agree that Liberty Life may debit my bank account according to Liberty Life's debit order system for any amount/s due under this/these contracts and I/we agree to inform Liberty Life in writing of any changes to the account details.
- Transmission accounts and credit cards cannot be used for debit orders.
- It is important to give the correct, full name and spelling of the account.

Account Name/Account Holder (s) _____

Bank Name: _____ Branch Name: _____

Account Type: Current Savings Transmission Account Number: _____

Signed at _____ this _____ day of _____ 20 _____

Signature of Account Holder

Signature of Policy Holder

Name: _____

Name: _____

Capacity: _____

Capacity: _____

To update anything, contact your financial adviser or us. Alternatively visit www.liberty.co.za and use 'Online services'.

- On this site you can also:
- Find up-to-date information on your policies including values.
 - Use any of the financial planning tools and calculators.

ABOUT HOW WE CAN CONTACT YOU

If you give us your e-mail address, we will mostly e-mail information to you. We will only post information if the law requires us to do so.

Please note that in the event of any modification or variation of this standard form Liberty Life will regard this form as being invalid and of no force and effect. **Do not sign blank or incomplete forms.**