

SEPA DIRECT DEBIT MANDATE

By signing this mandate form, you (**the Debtor**) authorise (A) Irish Life Assurance plc (**the Creditor**) 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 return to the Creditor: Irish Life Assurance plc, 57 Temple Road, Blackrock, Co. Dublin.

1.	Please write your full postal address and name in the space below:		
	Debtor name and address:		FOR OFFICE USE ONLY SENT BY:
			CREDITOR IDENTIFIER NUMBER (CID): IE89ZZZ992971
			DATE:
			UNIQUE MANDATE REF:
-			PREMIUM DUE DATE:
2.	POLICY N	O(S):	
3.	Type of Ac	ccount*:	
*			le for Direct Debit. If you are not operating the Debit from a Current nk/ building society prior to submitting the mandate.
4.	IBAN:		
5.	BIC:		
6.	Type of Payment (Select one):		
	Recurrent	Once Off Pa	ayment
	ails regardin efully.	ng the underlying relation	ship between the Creditor and the Debtor, please read them
I/We	e instruct you	to deduct direct debits from	my/our account
I/We	e acknowledg	ge and agree that the amoun	its are variable and may be debited on various dates.
	e understand s prior notice.		olc may change the amounts and dates only after giving me/us 5
I/We	e will inform Ir	rish Life Assurance plc in wr	iting if I/we wish to cancel this instruction.
	e understand iety will make	•	paid which breaks the terms of the instruction the Bank/Building
Sigr	nature Date:	D D M M Y	Y Y Y
Sigr	nature(s)		
1			2