

PAY BY THE MONTH INSURANCE REQUEST



Yamaha Motor Insurance Australia & New Zealand can arrange a Pay By the Month premium facility in relation to the following Policy or Policies. Please complete and sign the Direct Debit Request or Credit Card Authority below:

Yamaha Reference No: _____

If you would like to take up this offer please read the following:

To the extent this document is inconsistent with any provision in the Product Disclosure Statement (PDS) or other policy document provided to you for the above Policy or Policies, this document takes precedence.

BY SIGNING EITHER OF THE MONTHLY DEDUCTION AUTHORITIES BELOW YOU AGREE TO THE FOLLOWING TERMS AND CONDITIONS

- The first instalment is due on the inception date of your Policy or Policies followed by eleven further equal instalments due on the same day each month. A direct debit that is scheduled to occur on a day that is not a business day will occur on the preceding business day. If you are uncertain as to when a debit will be processed, you should enquire with your financial institution.
- The monthly instalment includes an administration charge.
- If a monthly instalment is not paid when it is due **IQumulate Funding Services Limited** Company Number 7366116 trading as IQumulate Premium Funding ("IQFS, we, our, us") will send you a reminder notice. If the instalment remains unpaid for more than 14 days your Policy or Policies will be cancelled without any further notice to you.
- In the event of unpaid instalments mentioned in the preceding clause, you irrevocably authorise and instruct the insurers to cancel the Policy or Policies at our request.
- Payment dishonours may incur a reprocessing fee.
- You may cancel your Policy or Policies after giving written notification to us. A cancellation fee may apply.
- In the event your Policy or Policies are cancelled you will be responsible for any outstanding instalments and fees due up to the cancellation date.
- In the event of a claim that results in full payment of the sum insured under your Policy or Policies you agree to continue your monthly instalment payments until the expiry date of your Policy or Policies.
- If you have any payment enquiries then contact us by telephone on 0800 000 246, by email at nzassist@iqumulate.com or write to us at PO BOX 2006, Shortland St, Auckland 1140.
- You agree to keep us informed of any changes to your contact details to enable us to administer collection of your monthly instalments.
- On expiry of the Policy or Policies and if the Insurer is offering renewal, you will be advised of the new monthly instalment amount that will apply for the renewal period. If you do not tell us otherwise, we will deduct this new instalment amount so that you can continue to pay your insurance premium(s) by monthly instalments.
- By signing this authorisation, you acknowledge that IQFS (as the registered initiator of the direct debit below) is acting on behalf of the insurance provider, Yamaha Motor Insurance Australia & New Zealand ("Yamaha"). Any instalments collected by IQFS are collected and held strictly on behalf of Yamaha, and not on your behalf.

KEEP INTACT AFTER COMPLETION AND RETURN ENTIRE PAGE – DO NOT DETACH

I/We: _____ Yamaha Reference No: _____

Phone Number: _____ Mobile: _____

Request and authorise **IQFS** (Authorisation Code 0233696), the registered initiator of the Authorisation Code, to initiate by direct debit from my/our account nominated below with any amounts due to be paid under this arrangement and any future premium variation notified to me in writing.

YOUR MONTHLY INSTALMENT IS: _____

Note: The transaction on your bank statement will appear as *IQumulate Funding – reference number*

Direct debit authority

| | | | | | | | | | | | |
|---|---|----------|----------|----|------|--------|---------|--------|--|------|-------|
| <p>My account to be debited (acceptor)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Name of my bank:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <p>Initiator's authorisation code</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td style="width: 12.5%;">0</td><td style="width: 12.5%;">2</td><td style="width: 12.5%;">3</td><td style="width: 12.5%;">3</td><td style="width: 12.5%;">6</td><td style="width: 12.5%;">9</td><td style="width: 12.5%;">6</td></tr></table> | 0 | 2 | 3 | 3 | 6 | 9 | 6 | | | |
| 0 | 2 | 3 | 3 | 6 | 9 | 6 | | | | | |
| <table style="width: 100%; text-align: center;"><tr><td style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">00</td><td style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">0000</td><td style="border: 1px solid black; width: 80px; height: 20px; display: flex; align-items: center; justify-content: center;">00000000</td><td style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">00</td></tr><tr><td>Bank</td><td>Branch</td><td>Account</td><td>Suffix</td></tr></table> | 00 | 0000 | 00000000 | 00 | Bank | Branch | Account | Suffix | <p style="text-align: center;">Approved</p> <table style="width: 100%; text-align: center;"><tr><td style="width: 50%; border-right: 1px solid black; padding-right: 10px;">3369</td><td style="width: 50%; padding-left: 10px;">05/19</td></tr></table> | 3369 | 05/19 |
| 00 | 0000 | 00000000 | 00 | | | | | | | | |
| Bank | Branch | Account | Suffix | | | | | | | | |
| 3369 | 05/19 | | | | | | | | | | |

From the acceptor to my bank:

I authorise you to debit my account with the amounts of direct debit instructions received from IQumulate Funding Services Limited (the 'Initiator') with the authorisation code specified on this authority and in accordance with this authority until further notice from me.

I agree that this authority is subject to:

- my bank's terms and conditions that relate to my account, and
- the terms and conditions listed below.

| | |
|---|--|
| Authorised signature/s: <div style="border-bottom: 1px solid black; width: 100%;"></div> | Date: <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">/ /</div> |
|---|--|

Specific conditions relating to notices and disputes

- 1) I agree that the Initiator must give me at least 10 days' prior notice of each direct debit, including the first direct debit in a series.
- 2) Changes to the amounts or dates of a series of direct debits require 30 days' prior notice to me.
- 3) I can also agree with the Initiator to receive a same day notice for direct debits specifically requested by me.
- 4) All notices must be in writing, but can be delivered electronically, if I have agreed that with the Initiator.
- 5) I can also ask you to reverse a direct debit up to 120 days after the direct debit if:
 - I didn't receive proper notice of the amount and date of the direct debit, or
 - I received notice but the amount or date of the direct debit is different from the amount or date on the notice.
- 6) If you dishonour a direct debit but the Initiator retries it within 5 business days of the original direct debit, I understand that the Initiator doesn't need to notify me again about that direct debit.

| | | | | | | | |
|---|----------------|--------------|-------------|--|--|--|---|
| <p>For Bank Use Only</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td style="width: 33%;">Date Received:</td><td style="width: 33%;">Recorded by:</td><td style="width: 33%;">Checked by:</td></tr><tr><td style="height: 40px;"></td><td></td><td></td></tr></table> <p>Original – Retain at Branch</p> <p>Copy – Forward to Initiator if requested</p> | Date Received: | Recorded by: | Checked by: | | | | <div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"><div style="text-align: left; padding-left: 10px;">BANK STAMP</div></div> |
| Date Received: | Recorded by: | Checked by: | | | | | |
| | | | | | | | |