

**CUSTOMER INFORMATION**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_  
 POLICY NUMBER \_\_\_\_\_  
 POLICY TYPE \_\_\_\_\_

**DIRECT DEBIT INSTRUCTIONS**

CONTRIBUTION: GH¢ \_\_\_\_\_

AMOUNT IN WORDS: \_\_\_\_\_

DATE OF FIRST DEDUCTION

DD	MM	YYY

SUBSEQUENT DEDUCTIONS

PLEASE TICK

MONTHLY	<input type="checkbox"/>
YEARLY	<input type="checkbox"/>
QUARTERLY	<input type="checkbox"/>

SPECIFIC DATE FOR SUBSEQUENT DEDUCTIONS

**CLIENT'S BANK ACCOUNT DETAILS**

NAME OF BANK: \_\_\_\_\_

BRANCH NAME: \_\_\_\_\_

ACCOUNT TYPE      CURRENT       SAVINGS       OTHER

ACCOUNT NAME \_\_\_\_\_

SORT CODE

ACCOUNT NUMBER

I/WE THE UNDERSIGNED HEREBY AUTHORISE THE BANK TO DEDUCT MY PERIODIC PENSIONS CONTRIBUTIONS AS STATED ABOVE FOR THE BENEFIT OF MY RETIRMENT POLICY WITH BEST PENSIONS TRUST LIMITED SUBJECT TO THE PROTECTION PROVIDED BY THE DIRECT DEBIT SCHEME TERMS AND CONDITIONS STATED BELOW

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

VERIFIED BY \_\_\_\_\_ DATE \_\_\_\_\_

Terms and conditions of the Direct debit scheme

- The effectiveness of the Direct Debit scheme is supervised and protected by all parties involved.
- The client has the right to cancel a Direct Debit mandate before the deduction date stated above by writing to his/her bank and sending a copy of such cancellation to his insurer.
- If an error is made by any of the parties, the client is guaranteed a full and immediate refund to own bank account by the originator of the error.