

# Premium Payment Form

**Please complete this form and return it to your agent/insurance broker.** It is important that you complete this form fully. Failure to do so may result in the form being returned to you for completion.

## 1 Payment method

|  |                                  |  |
|--|----------------------------------|--|
| Please specify how you would like to pay | Annually by credit/debit card    | Annually by bank transfer<br><i>- details supplied on request</i>                      |
|  | Semi annual by credit/debit card |  |
|  | Quarterly by credit/debit card   | Monthly by direct debit<br><i>- only available in the EU on<br/>Euro policies only</i> |
|  | Monthly by credit/debit card     |  |

### Additional surcharges - credit/debit card & SEPA Direct Debits

|                      |     |
|----------------------|-----|
| Annual payment       | 0%  |
| Semi annual payments | +4% |
| Quarterly payments   | +5% |
| Monthly payments     | +8% |

For Amex payments add an additional 3.5% to the surcharges above (for USD payments only).

American Express cards can only be used for USD payments and incur a further 3.5% charge:

- i. If paying by credit/debit card please complete attached payment form

### Additional surcharges - bank transfer

|                      |              |
|----------------------|--------------|
| Annual bank transfer | £10/€15/\$30 |
|----------------------|--------------|

The bank transfer fee does not need to be included as long as the payee selects to pay all charges.

## 2 Credit/debit card details

**Please only complete if you are paying by credit/debit card.**

I authorise you, until further notice in writing, to charge my credit/debit card account unspecified amounts in respect of premiums for my Evolution Health Plan subscription, as and when these become due, until this instruction is countermanded by my giving notice in writing. I understand I will be given at least one months notice of any subscription increase.

i. If you have chosen to pay by instalment, the credit/debit card details provided must be in date for the entirety of the policy.

|  |            |             |   |               |
|--|------------|-------------|---|---------------|
| Name on card   |            |             |   |               |
| Card type  | Visa       | Mastercard  | American Express <i>(for USD policies only)</i> | Other         |
| If other, please specify   |            |             |   |               |
| Card number  |            |             | CVC   |               |
| Issue no   | Start date | Expiry date |   |               |
| Payment frequency  |            |             |   |               |
| Card billing address<br><i>- if different from residential address</i> |            |             |   | Post/Zip code |
| Signature of card holder   |            |             | Date  |               |

ii. You must keep your credit/debit card details confidential and secure. For security reasons please do not email credit/debit card details to us. If you do so, it is entirely at your own risk.

**Agent stamp**