

# Payment Methods Form

(FOR ALL BUSINESS EXCEPT HONG KONG BRANCH BUSINESS AND FAR EAST REGION)

This payment methods form should be used to arrange initial (i.e. the first contribution payable), renewal (subsequent contributions) and single contributions into any Scottish Provident International regular contribution plan.

Please complete this form in BLOCK CAPITALS using blue ink and return with your plan application form (if applicable), to Scottish Provident International Life Assurance Limited, PO Box 259, Douglas, Isle of Man, IM2 2SP.

Please delete as appropriate where you see\*

## SECTION 1

Policyholder Name(s)

Policy Number (if known)

### Box A

The premium payment options listed in Box A are suitable for **all initial premiums, renewal premiums for annual cases only and all single premium contributions**. If you choose to pay your initial premium using one of the options in Box A you must also choose an option from Box B for your renewal premiums unless your premiums are paid annually.

### Box B

The premium payment options outlined in Box B are suitable for **both initial and renewal** premiums for any regular premium plan. Please remember to select an option from Box B for renewal premiums if you have selected an option from Box A for initial premiums unless you will be paying premiums annually.

Please select your payment method by ticking the relevant box.

#### Box A

- ☐ By cheque. This method can be used for any of our plan currencies. Please make cheques payable to Scottish Provident International Life Assurance Limited and return with this form.
- ☐ By bankers draft. This method can be used for any of our plan currencies. Please complete the appropriate box within Section 2 overleaf to arrange payment by bankers draft. This method is only available where funds come directly from the policyholder's own bank account
- ☐ By telegraphic transfer. This method can be used for any of our plan currencies. Please complete the appropriate box within Section 2 overleaf to arrange payment by telegraphic transfer.

#### Box B

- ☐ By UK **sterling** direct debit. This method can be used for sterling denominated policies where a **sterling** bank account is held within the **UK clearing system**. Please complete Section 3 overleaf to arrange payment by direct debit.
- ☐ By credit card. This method can be used for any of our plan currencies. Please complete Section 4 overleaf to arrange payment by credit card. This method is not available for Rand or Zimbabwe Dollar denominated cards.
- ☐ By standing order. This method can be used for any of our plan currencies where a bank account is held outside the UK or a non sterling account is held within the UK. Please complete Section 5 overleaf to arrange payment by standing order.

Please note that Scottish Provident International does not apply a charge for inward payments, with the exception of credit card payments on which a charge applies. Your bank may charge for some transactions. Further details of your bank's transaction charges will be available from your bank.

[www.spila.com](http://www.spila.com)

S C O T T I S H  
**PROVIDENT**  
INTERNATIONAL

**IMPORTANT**

We are happy to accept a faxed signed copy of your Bank Instruction, but we will require the original signed request to be sent by post directly to your bank OR to Scottish Provident International Life Assurance Limited, PO Box 259, Douglas, Isle of Man, IM2 2SP.

### Bank Address

	Bank

Banker's Draft

Please prepare a

£ / US\$ / HKD / JPY / EUR\*

Draft payable to Scottish Provident International Life Assurance Limited quoting policy reference

number/client name

for exactly the amount detailed.

Amount in figures

Amount in words

Please send the prepared draft immediately by airmail to Scottish Provident International Life Assurance Limited, PO Box 259, Douglas, Isle of Man, IM2 2SP.

Important Note: Scottish Provident International will not accept payments by Banker's Draft unless the payment comes directly from the policyholder's own bank account.

<input type="checkbox"/>	<b>Telegraphic Transfer/Swift</b>	
Please remit by Telegraphic Transfer, the exact amount detailed below for credit to the account of Scottish Provident International Life Assurance Limited.		
Please quote policy reference number/client name on transfer.		<input type="text"/>
<i>(Please tick the appropriate box for your selected currency)</i>		
<input type="checkbox"/>	<b>Sterling Payment</b> <b>Account Number:</b> 50436739 <b>IBAN Number:</b> IBAN GB24 BARC 2026 7450 4367 39	<input type="checkbox"/>
<input type="checkbox"/>	<b>Euro Payment</b> <b>Account Number:</b> 83031100 <b>IBAN Number:</b> IBAN GB06 BARC 2026 7483 0311 00	
<b>To:</b> Barclays Bank plc, Barclays House, Victoria Street, Douglas, Isle of Man, British Isles. <b>Swift Code:</b> BARCGB22, <b>Sorting Code:</b> 20-26-74		
<input type="checkbox"/>	<b>Japanese Yen Payment</b> <b>Account Number:</b> 009007014026	<input type="checkbox"/>
<input type="checkbox"/>	<b>US Dollar Payment</b> <b>Account Number:</b> 050792610	
<b>To:</b> HSBC, Building 2F, 11-1, Nihonbashi 3-chome, Chuo-ku, Tokyo 103-0027 Japan. <b>Swift Code:</b> HSBCJPT		<b>To:</b> Barclays Bank Plc, 200 Park Avenue, New York, NY 10166, USA. <b>Sorting Code:</b> 026002574 <b>Swift Code:</b> BARCUS33
Amount in figures	<input type="text" value="£ / US\$ / JPY / EUR *"/>	
Amount in words	<input type="text"/>	
	<input type="text"/>	

Account name	<input type="text"/>																			
Bank Swift Code <i>(International)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OR	Bank Sort Code <i>(UK only)</i>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
	<i>Swift Code must be either 8 or 11 digits</i>																			
Account number (or IBAN number for Euro payments)	<input type="text"/>																			
Signature(s)	<input type="text"/>										<input type="text"/>									
Date <i>(dd/mm/yyyy)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>																			
	<input type="text"/>																			
	<input type="text"/>																			

SECTION 3: Sterling Direct Debit Instruction

IMPORTANT

We are happy to accept a faxed signed copy of your Direct Debit Instruction, but we will require the original signed request to be sent by post directly to your bank OR to Scottish Provident International Life Assurance Limited, PO Box 259, Douglas, Isle of Man, IM2 2SP.

Instruction to your UK Bank or Building Society to pay Direct Debits



Originator's identification number

6

2

4

5

5

3

Name and full postal address of your Bank or Building Society branch

To the Manager

Bank

Bank Address

Name(s) of Account Holder(s)

Branch Swift Code (International)

OR

Bank Sort Code (UK only)

-

-

Swift Code must be either 8 or 11 digits

Account number (or IBAN number for Euro payments)

Instruction to your Bank/Building Society to pay Direct Debits

This Direct Debit Instruction relates to my policy with Scottish Provident International, policy number

Please pay Scottish Provident International Life Assurance Limited Direct Debits from the account detailed in this Instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Scottish Provident International Life Assurance Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date (dd/mm/yyyy)

Escalating contributions will be calculated automatically

Bank and Building Societies may not accept Direct Debit instructions from some types of account



This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, Scottish Provident International Life Assurance Limited will notify you 14 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Scottish Provident International Life Assurance Limited or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time in writing to your Bank or Building Society. Please also send a copy of your letter to us.

SECTION 4: Credit Card Authority (not available for Rand and Zimbabwe Dollar denominated cards)

IMPORTANT

We are happy to accept a faxed signed copy of your Credit Card Authority - it is not necessary to post the original copy.



Credit/Debit Card Charge Authority

N.B. Scottish Provident International Life Assurance Limited is only able to accept Credit/Debit card payments where the card displays one of the above symbols and is prefixed with either a '4' or a '5'. American Express is not accepted.

I authorise you, until further notice in writing, to collect payments from my (please tick appropriate box)

☐ Mastercard/Eurocard

OR

☐ Visa account

with the amounts specified as follows:

Contribution Currency

(please tick appropriate box)

☐ Sterling

☐ US Dollars

☐ Japanese Yen

☐ Euro

☐ Hong Kong Dollars

The amount in figures

The amount in words

Frequency (tick one box)

☐ monthly

☐ quarterly

☐ half-yearly

☐ annually

Mr/Mrs/Miss\*

(Cardholder's name, initials and address as held by card issuer)

Mastercard/Eurocard/Visa\* Number

-  -  -

Expiry Date (mm/yyyy)

I understand that Scottish Provident International Life Assurance Limited will advise me of the amount to be paid and the dates on which payment is due and that Scottish Provident International Life Assurance Limited may only change these after giving me prior notice.

I understand that this authority in favour of Scottish Provident International Life Assurance Limited will remain in force until such time as I cancel it in writing to Scottish Provident International Life Assurance Limited.

Signature(s)

Date (dd/mm/yyyy)

Note: A handling fee of 1% for Sterling based policies will be levied. However, if the contribution is an annual contribution exceeding £5,000, then a handling fee of 1.45% for Sterling policies and 1.9% for non-Sterling policies is applied. This fee will be added to the contribution at the time of collection.

SECTION 5: Banker’s Standing Order (for regular contributions funded from bank accounts that are not part of the UK clearing system)

IMPORTANT

We are happy to accept a faxed signed copy of your Banker’s Standing Order, but we will require the original signed request to be sent by post directly to your bank OR to Scottish Provident International Life Assurance Limited, PO Box 259, Douglas, Isle of Man, IM2 2SP.

Part A

To the Manager

Bank

Bank Address

☐ Banker’s Draft

Please prepare a

£ / US\$ / HKD / JPY / EUR\*

Draft payable to Scottish Provident International Life Assurance Limited quoting policy reference number/client namefor exactly the amount detailed.

Amount in figures

Amount in words

Please send the prepared draft immediately by airmail to Scottish Provident International Life Assurance Limited, PO Box 259, Douglas, Isle of Man, IM2 2SP.

Important Note: Scottish Provident International will not accept payments by Banker’s Draft unless the payment comes directly from the policyholder’s own bank account.

☐ Telegraphic Transfer/Swift

Please remit by Telegraphic Transfer, the exact amount detailed below for credit to the account of Scottish Provident International Life Assurance Limited.

Please quote policy reference number/client name on transfer.

(Please tick the appropriate box for your selected currency)

☐ Sterling Payment

Account Number: 50436739

IBAN Number: IBAN GB24 BARC 2026 7450 4367 39

☐ Euro Payment

Account Number: 83031100

IBAN Number: IBAN GB06 BARC 2026 7483 0311 00

To: Barclays Bank plc, Barclays House, Victoria Street, Douglas, Isle of Man, British Isles. Swift Code: BARCGB22, Sorting Code: 20-26-74

☐ Japanese Yen Payment

Account Number: 009007014026

☐ US Dollar Payment

Account Number: 050792610

To: HSBC, Building 2F, 11-1, Nihonbashi 3-chome, Chuo-ku, Tokyo 103-0027 Japan. Swift Code: HSBCJPJT

To: Barclays Bank Plc, 200 Park Avenue, New York, NY 10166, USA. Sorting Code: 026002574 Swift Code: BARCUS33

Amount in figures

£ / US\$ / JPY / EUR \*

Amount in words

Part B (Escalating contributions on Momentum and Quantum plans only)

I wish to increase the above stated premium by

5% / 10%\*

p.a. therefore please increase this

monthly / quarterly / half-yearly / yearly\*

payment byonand by a further

eachannually thereafter, until and including

## Part C

Please debit the amount of the payment, together with any charges/expenses incurred in the transfer, to my/our\* account detailed below.

Account name	<input type="text"/>																			
Bank Swift Code (International)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OR	Bank Sort Code (UK only)	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Swift Code must be either 8 or 11 digits																				
Account number (or IBAN number for Euro payments)	<input type="text"/>																			
Signature(s)	<input type="text"/>										<input type="text"/>									
Date (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>																			
	<input type="text"/>																			
	<input type="text"/>																			

## IMPORTANT INFORMATION

Scottish Provident International Life Assurance Limited ("SPILA") will not normally accept payments from third parties. For further details please contact our Customer Service Centre on +44 (0)1624 681682.

**Direct Debits** - Payments will commence a minimum of 14 days after SPILA receive the original Direct Debit Mandate form.

**Standing Orders** - Should you wish to make amendments to, or cancel a Standing Order you will need to do this directly with your bank. SPILA has no authority on this type of payment instruction.

**Payment Charges** - SPILA levies no charges for inward payments, although a charge is applied for credit card payments. Your bank may charge for some transactions. For further details please contact your bank.

**Data Protection** - Information supplied to SPILA in connection with your policy will be held in both electronic and paper records. This information may be disclosed to and processed by companies within the same Group as SPILA, its reinsurers or any third parties which provide services relating to the policy. This may include sensitive personal data. If this happens, your details will stay confidential and will not be used for any other purpose.

You have the right to see certain information held by us on payment of a fee, and you should make your request in writing to our Registered Office address.

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Scottish Provident International Life Assurance Limited is a wholly owned subsidiary of Resolution plc and a provider of investment, life assurance and retirement planning products.

Scottish Provident International Life Assurance Limited is regulated by the Isle of Man Government Insurance and Pensions Authority.

Registered Office: Provident House, Ballacottier Business Park, Cooil Road, Douglas, Isle of Man, British Isles IM2 2SP. Telephone: +44(0)1624 681681. Telephone calls may be recorded. Fax: +44(0)1624 677336 or Website: [www.spila.com](http://www.spila.com). Registered in the Isle of Man Number 053002C.

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