

General Insurance



# Your premium payment options

# Thank you for choosing AMP to protect what's important to you.

We understand the importance of having choices, especially when it comes to making payments. With our premium payment plan, we've made it easy for you to tailor your insurance payments to suit you.

## It's your choice

You may want to pay your annual premium up front, and you can do this via paying into our bank account or you may prefer to stagger your payments. We offer the following payment options to make it easier for you.

## Annual payment

#### **Direct credit**

Pay your annual premium by direct credit into our bank account 06–0101–0488308–00 using your policy number or customer number as your payment reference; **or** 

#### Credit card

Please contact us on **0508 267 271** and we can arrange this simply and easily over the phone; **or** 

#### Cheque

You can send us your cheque, made out to AMP, and freepost to AMP General Insurance, Freepost no. 170, PO Box 3997, Auckland 1140.

### Payment by instalments

You can choose to pay fortnightly, monthly, quarterly or six monthly by either:

#### Direct debit from your bank account

You can set up payments to come direct from your bank account by either contacting us on **0508 267 271** to complete a paperless direct debit, or complete the details overleaf and send to us or your Adviser or Broker; **or** 

#### Direct debit from your credit card

Please contact us on **0508 267 271** and we can arrange this simply and easily over the phone.

If you choose to pay by instalments there is a service fee, which will be added to your instalment. The service fee is calculated as a percentage of your premium and the percentage varies depending on the payment frequency and the premium per policy. A schedule of the service fee is shown below.

		Service fee by payment frequency				
	Annual premium	Fortnightly	Monthly	Quarterly	Six Monthly	Yearly
Premium per policy at the time of instalment	\$2,000 and under	10%	10%	7%	5%	0%
	Greater than \$2,000 and up to \$20,000	7%	7%	5%	3.5%	0%
	Greater than \$20,000	5%	5%	3.5%	2.5%	0%

If you have any questions about your insurance payments or would like to change how you pay, please contact your Adviser or Broker or AMP Customer Service on free phone **0508 267 271**.



# Direct Debit Authorisation form

Please send this completed form to:

AMP General Insurance Freepost 170, PO Box 3997 Shortland Street, Auckland 1140

Please call us on **0508 267 271** if you have any queries.

This form can be completed on-screen by typing content directly into the PDF document. Please use block letters if you're not completing this form online. Once you have completed and signed this form please send it and any supporting documents to the address above.

Your personal details	
Title Policy  Mr Mrs Ms Miss Dr Other  First names Surname	number
Postal address	
	Postcode
Contact phone number Email	
Instalment frequency	
Fortnightly Monthly Quarterly Six Monthly Yearly  If Fortnightly, which day:  Monday Tuesday Wednesday Thursday Friday Commencement day  Any other frequency: (Date of month i.e. 15th)	te D D M M Y Y Y
Below, all references to the Acceptor are references to you. All references to the Initiator are references to Vero Insurance New Zealand Limproducts are underwritten by Vero Insurance New Zealand Limited.	nited (Vero). These AMP branded general insurance
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Direct Debit Authority  Name of my account to be debited (Acceptor)	Vero (Initiator) authorisation code  0 6 4 6 8 3 7
products are underwritten by Vero Insurance New Zealand Limited.  Direct Debit Authority	Vero (Initiator) authorisation code  0 6 4 6 8 3 7
Direct Debit Authority  Name of my account to be debited (Acceptor)	Vero (Initiator) authorisation code  0 6 4 6 8 3 7  For office use only
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Products are underwritten by Vero Insurance New Zealand Limited.  Direct Debit Authority  Name of my account to be debited (Acceptor)  Name of my bank  Account number  From the Acceptor to INSERT NAME OF ACCEPTOR'S BANK (my bank):  I authorise you to debit my account with the amounts of direct debits from Vero with the authorisation code sp	Vero (Initiator) authorisation code  0 6 4 6 8 3 7  For office use only  Approved 4683 12/15
Direct Debit Authority  Name of my account to be debited (Acceptor)  Name of my bank  Account number  From the Acceptor to  INSERT NAME OF ACCEPTOR'S BANK  I authorise you to debit my account with the amounts of direct debits from Vero with the authorisation code sp with this authority until further notice.  I agree that this authority is subject to:  - my bank's terms and conditions that relate to my account, and - the specific terms and conditions listed below.	Vero (Initiator) authorisation code  0 6 4 6 8 3 7  For office use only  Approved 4683 12/15
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#### Specific Conditions relating to notices and disputes

The Initiator - Vero Insurance New Zealand Limited may only send a direct debit if the Acceptor - I, have:

- asked Vero to send it; and
- agreed to the amount of the direct debit.

Vero is required to give written notice of the amount and date of each direct debit no later than the date of the debit.

Vero is required to give a written notice of the amount and date of each direct debit in a series of direct debits no later than 10 calendar days before the date of the first direct debit in the series. The notice is to include:

- the dates of the debits; and
- the amount of each direct debit.

If Vero proposes a change to an amount and/or date of a direct debit specified in the notice Vero is required to give me notice no later than 10 calendar days before the change.

I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:

- I don't receive a written notice of the amount and date of each direct debit from Vero; or
- I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

If the bank dishonours a direct debit, Vero may attempt to retake the amount from my bank account within five business days without further notice.