



Colina Insurance Limited is requested and authorised to withdraw the periodic premium due for the policy number's listed below. This authorisation will terminate when 10 days written notice is given by either party to the other.

THIS FORM CANCELS AND REPLACES ALL EXISTING PRE-AUTHORISED CHEQUE INSTRUCTIONS FROM THE ACCOUNT HOLDER(S)

In addition to the premiums as noted above, Colina Insurance Limited is requested and authorised to withdraw the Policy loan (loan), Automatic Premium Loan (APL), Additional UL investment (APIP), Premium Deposit Fund (PDF) or mortgage payment as listed in the table below.

Policy Number	Policyowner	Premium Amount	Loan/APL	APIP / PDF	Sub Total
TOTAL					

If the incorrect premium is referenced above, the correct premium amount due will be debited in accordance with your policy contract.

- The undersigned(s) acknowledge that the premium due may increase or decrease based on the contractual provisions of the policy. No further action will be required as the premium deducted will be automatically adjusted.
- The named bank is authorized and requested:
 - To debit the stated account and to pay all cheques to Colina Insurance Limited, and
 - To deal with each cheque as if it were signed by the undersigned personally
- 'Cheque' includes an order on a financial institution which is not a bank, a debit note or computer-produced paper-tape or magnetic debit. 'Bank' includes a financial institution which is not a bank. 'Stated Account' means the account indicated whether it continues to be maintained at the named branch or is transferred to another branch of the bank.
- Colina Insurance Limited may authorize another person to perform any act in which it is authorized to do.

Banking Information

Name of Financial Institution: Branch Location: Account Number:

Payment Start Date Payment Monthly draw day

(Select between 1st and 28th)

(Premium payments will be withdrawn when due. All other payments will be withdrawn on a monthly basis)

Primary Account Holder Name: Additional Account Holder Name:

Primary Account Holder Relationship to Policyowner: Additional Account Holder Relationship to Policyowner:

Primary Account Holder Telephone Contacts: Additional Account Holder Telephone Contacts:

Primary Account holder email: Additional Account holder email:

Primary Account Holder Signature: Additional Account Holder Signature: