



AMP General Insurance



## Your premium payment options

### Congratulations on choosing AMP. We're pleased to help you protect the things important to you.

Here at AMP, 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.

#### You choose how you make a payment

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**

##### 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 varies by the payment frequency and the premium per policy.

A schedule of these fees is shown below.

		Frequency of payment			
		Fortnightly	Monthly	Quarterly	Six monthly
Annual premium per policy	Less than \$2,000	10%	10%	7%	5%
	\$2,001 - \$20,000	7%	7%	5%	3.5%
	Greater than \$20,000	5%	5%	3.5%	2.5%

If you would like any further information about these payment options or your premium, please contact your Adviser or Broker or AMP General Insurance Customer Service on free phone **0508 267 271**.



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.

# Direct Debit Authorisation form

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  Mr  Mrs  Ms  Miss  Dr  Other  Policy number

First names  Surname

Postal address

Contact phone number  ( ) Email

## Instalment frequency

Fortnightly  Monthly  Quarterly  Six Monthly  Yearly

If Fortnightly, which day:  
 Monday  Tuesday  Wednesday  Thursday  Friday

Commencement date

Any other frequency: (Date of month i.e. 15th)

Below, all references to the Acceptor are references to you. All references to the Initiator are references to Vero Insurance New Zealand Limited (Vero). AMP General Insurance 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  (my bank):

Vero (Initiator) authorisation code

For office use only  
 Approved

I authorise you to debit my account with the amounts of direct debits from Vero with the authorisation code specified on this authority in accordance 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.

Please include the following information on my bank statement

## Authorised signature/s

SIGN HERE Date

## 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.