

SEPA Direct Debit Mandate

Please complete all fields marked * below

Policy number*

Creditor identifier

Account number (IBAN)*

BIC

Bank account holder name(s)*

Account holder address*

Type of payment Recurrent

By signing this mandate form, "you authorise (A) Bank of Ireland Life to send instructions to your bank to debit your account and (B) your Bank to debit your account in accordance with the instruction from Bank of Ireland Life. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank".

SIGN HERE

SIGN HERE

Bank account holder signature 1*[†] Date of signing*

D	D	M	M	Y	Y	Y	Y

Signature 2 Date of signing

D	D	M	M	Y	Y	Y	Y

[†] If your bank account is a joint account and more than one person is required to sign, please ensure all required to sign do. If only one person signs in the case of a joint account, that person is confirming they have the authority to sign for all.

Please return the completed form to: Bank of Ireland Life, 5-9 South Frederick Street, Dublin 2

Creditor use only

Unique mandate reference

Contact details

Thank you for completing the mandate above. We want to ensure that we have up to date contact details for you so that we can contact you in connection with your mandate or your policy(s) in the future. If your contact details have recently changed or you have not previously provided your contact details and are happy to do so, please complete the following:

Contact number

E-mail address