เมืองไทยประกันชีวิต
MUANG THAI LIFE ASSURANCE
บมจ. เมืองไทยประกันชีวิต
250 ถนนรัชดาภิเษก เขตห้วยขวาง กรุงเทพฯ 10310
Muang Thai Life Assurance PCL.
250 Rachadaphisek Rd. Huaykwang, Bangkok 10310
ทะเบียนเลขที่: 0107555000406
+66 (0) 2274 9400, +66 (0) 2276 1025 +66 (0) 2276 1997-8
muangthai.co.th

Letter of Consent for Premium Payment by Credit Card/ Letter of Consent for Direct Debit from Bank Account /Letter of Intent to Receive Policy Benefit and Other Sums via Bank Account

Written at ..... Date ..... Month..... Year .....

2-07-05-0019

Name-Surname of Insurance Applicant/Insured .....

◯ Application No. ..... and / or ◯ Only Policy No. 1.)..... 2.) ..... ◯ All Policies In-force

I (Owner of Credit Card /Owner of Savings Account) ..... Age .....Years old *ID Card No __ -____-_____-__-__

Tel ___ - ___-_____- _____ Mobile Phone No_____ - _____- _____ E-Mail _____

◯ Am an insurance applicant/insured ◯ Have relationship with insurance applicant/insured as .....

In case the credit card owner/ the savings account owner is not the insurance applicant or the insured, the relationship with the insurance applicant/insured must be specified, and a copy of ID card certified true copy with specification of the relationship must be attached as evidence.

◯ In case the insurance applicant/insured is a minor, the person who enters into the life insurance contract and pays the premium must be a legal representative/legal guardian only. I hereby give consent to Muang Thai Life Assurance Public Company Limited ("Company") to proceed as follows:

1. Premium Payment by Credit Card

Credit Card No. ____-____-____-____ Expiry Date __/__

Credit Card Type. ☐ VISA ☐ MASTER CARD ☐ JCB

◯ **1.1 Single payment by credit card (mail order)** Amount..... Baht

For ◯ Ordinary plan ◯ Unit-linked (UN) ◯ Universal Life (UL) Year/Installment __ / __

Pay in ◯ Full ◯ Installments* Bank..... Interest Rate.....% Payment Period.....Months

* The premium payment in installments is subject to the commercial banks participating in the promotional program with the Company at that time.

◯ **1.2 Automatic premium payment by credit card** (available only for some distribution channels and insurance plans)

I hereby give consent to the Company to collect/debit money from my credit card as detailed in Item 1.

2. Automatic premium payment by bank account (for renewal premium payment only)

◯ I hereby give consent to the Company to collect/debit money from my bank account.

Bank ..... Branch .....

Account Type ◯ Savings Account ◯ Current Account, including deductions from overdraft limit (if applicable)

Account Name..... Account No ____-____-____-____

Remarks: In case of automatic premium payment debited from bank account (except Bangkok Bank), please submit this Letter to the bank of such account to certify the signature before submitting the form to the Company.

Terms and Conditions for Premium Payment by Credit Card and Automatic Premium Payment by Bank Account

1. Should it appear later that the amount which the Company notified the bank/card issuer was incorrect, I agree to claim such amount from the Company directly, and I hereby waive my right to claim or file any action against the bank/card issuer to be liable for any damages.
2. This Letter shall be effective with the possible change of account number or credit card number for the premium payment according to the aforementioned life insurance application form/insurance policy in the amount and date that the bank/card issuer had been notified by the Company.
3. The direct debit from bank account or credit card account shall be effective immediately on the date of the signing of this Letter, and shall be in full force and continue to be effective until the bank/card issuer terminates my right on my bank account or credit card account hereunder or until my written notice to revoke this Letter is given to the bank/card issuer and the Company at least 2 months in advance.
4. In cases where the automatic premium payment debited from bank account or credit card account is less than the amount direct debited by the Company, or any cases where a refund of paid premium is required, I hereby agree that the Company shall return the amount as follows: 1) In case of direct debit from bank account, I hereby agree to a direct refund to the insured by transfer to the account of the insured or any other method deemed appropriate. 2) In case of payment by credit card, I hereby agree to a refund to the credit card account (whichever the case may be).
5. Premium payment for the insurance applicant/insured does not authorize me to have the right or to exercise the rights in the policy, or to receive any policy benefits according to the conditions in the policy. The right shall only remain with the insured or beneficiary according to the policy.
6. **In case of a unit-linked insurance policy,** if the premium payment cannot be debited from the bank account or credit card on the due date, I hereby give my consent to proceed with debiting the amount from my bank account or my credit card to pay the premium in 15 days and 30 days, respectively, from the due date of premium payment (in cases where the due date is on a public holiday of the bank/card issuer, the Company will debit the amount on the last working day of the bank/card issuer before the due date), and the insured agrees to accept the investment value as of the day after the date on which the renewal premium payment was successfully debited from the bank account or credit card account (whichever the case may be).
7. In case of cancellation of credit card, the credit card owner agrees to pay the outstanding installments to the bank in full and accumulate the outstanding balance into the credit card account immediately, and agrees to disclose personal information to the bank for a credit card refund upon request of the premium payment representative.
8. The premium payment representative/insurance applicant/insured acknowledges and accepts all terms and conditions in this Letter.

Sign..... Sign.....

Credit card owner as a consent grantor/Bank account owner

Insurance applicant/Insured/Legal representative/Legal guardian who enters into the life insurance contract and pays the premium

For Verification by the Bank's Authorized Officer (Only for automatic premium payment by bank account)

Signature Verified Sign ..... Position ..... Branch .....

For Company Staff

Sign .....

3. Receiving Policy Benefit and Other Sums via Bank Account

I hereby allow the Company to transfer the policy benefits and other sums of the aforementioned policy to me by transfer to

The account to receive policy benefits must be the account of the insurance applicant/insured/legal representative/ legal guardian who enters into the life insurance contract and pays the premium (in case the insurance applicant/insured is a minor) / assignee and transferee (in case of assignment and transfer of benefits).

Remark: It can be transferred to either the bank account or Prompt Pay account (only one account).

◯ The same bank account No. as stated in Item 2

◯ Prompt Pay account registered with ID card No.

(Please provide ID Card No. and attach the proof. A copy of the first page of the passbook is not required.)

◯ Bank account of Bank..... Branch .....

Account Type ◯ Savings Account ◯ Current Account

Account Name .....

Account No. ____-____-____-____

Terms and Conditions for Receiving Policy Benefit and Other Sums via Bank Account

1. In cases where the Company cannot remit the payment into the aforementioned account, for whatever reason, I agree to receive such policy benefit in cheque or any other payment method deemed appropriate after the Company has been notified that the remittance has been rejected by the bank.
2. If there are any changes in relation to the aforementioned bank account, I shall notify the Company of such changes in writing at least 30 days. I acknowledge that while the Company is making such changes, the policy benefits might be paid by original methods.
3. In case the insurance applicant/insured is a minor, I hereby acknowledge that when the insured reaches the legal age of adulthood (sui juris), but there has been no notification to request to change the bank account name to the insured's name, the Company shall pay the policy benefits in cheque to the insured or any other payment method deemed appropriate.
4. I hereby give consent to the Company to cancel or change the remittance of the policy benefits into my bank account at any time. In case of cancellation, the Company shall pay the policy benefits in cheque or any other payment method deemed appropriate.
5. In case the insured who assigns and transfers benefits agrees to assign and transfer the benefits to "the assignee and transferee", and "the assignee and transferee" agrees to receive the rights and benefits from "the assignor and transferor", rights and benefits are according to the conditions of the insurance contract.

Sign.....

Insurance applicant/Insured/Legal representative/Legal guardian who enters into the life insurance contract and pays the premium/Assignee and transferee

For Bank

1. Please attach a copy of the first page of the passbook/bank statement (excluding fixed deposit accounts) or a copy of the credit card of yours. In addition, please cross out the 3-digit CVV code, and sign to certify it as a true copy as evidence.
2. Please certify a true copy of ID card and cross out "religion" information until that information cannot be read and sign to certify the amendment. In case you did not do so, you consent the Company to cross out the "religion" information on your behalf.

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Tel ___ - ___-___- ___ Mobile Phone No___-___-___ E-Mail _____

◯ Am an insurance applicant/insured ◯ Have relationship with insurance applicant/insured as .....

In case the credit card owner/ the savings account owner is not the insurance applicant or the insured, the relationship with the insurance applicant/insured must be specified, and a copy of ID card certified true copy with specification of the relationship must be attached as evidence.

◯ In case the insurance applicant/insured is a minor, the person who enters into the life insurance contract and pays the premium must be a legal representative/legal guardian only. I hereby give consent to Muang Thai Life Assurance Public Company Limited ("Company") to proceed as follows:

1. Premium Payment by Credit Card

Credit Card No. ____-____-____-____ Expiry Date __/__

Credit Card Type. ☐ VISA ☐ MASTER CARD ☐ JCB

◯ **1.1 Single payment by credit card (mail order)** Amount..... Baht

For ◯ Ordinary plan ◯ Unit-linked (UN) ◯ Universal Life (UL) Year/Installment __ / __

Pay in ◯ Full ◯ Installments* Bank..... Interest Rate.....% Payment Period.....Months

* The premium payment in installments is subject to the commercial banks participating in the promotional program with the Company at that time.

◯ **1.2 Automatic premium payment by credit card** (available only for some distribution channels and insurance plans)

I hereby give consent to the Company to collect/debit money from my credit card as detailed in Item 1.

2. Automatic premium payment by bank account (for renewal premium payment only)

◯ I hereby give consent to the Company to collect/debit money from my bank account.

Bank ..... Branch .....

Account Type ◯ Savings Account ◯ Current Account, including deductions from overdraft limit (if applicable)

Account Name..... Account No ____-____-____-____

Remarks: In case of automatic premium payment debited from bank account (except Bangkok Bank), please submit this Letter to the bank of such account to certify the signature before submitting the form to the Company.

Terms and Conditions for Premium Payment by Credit Card and Automatic Premium Payment by Bank Account

1. Should it appear later that the amount which the Company notified the bank/card issuer was incorrect, I agree to claim such amount from the Company directly, and I hereby waive my right to claim or file any action against the bank/card issuer to be liable for any damages.
2. This Letter shall be effective with the possible change of account number or credit card number for the premium payment according to the aforementioned life insurance application form/insurance policy in the amount and date that the bank/card issuer had been notified by the Company.
3. The direct debit from bank account or credit card account shall be effective immediately on the date of the signing of this Letter, and shall be in full force and continue to be effective until the bank/card issuer terminates my right on my bank account or credit card account hereunder or until my written notice to revoke this Letter is given to the bank/card issuer and the Company at least 2 months in advance.
4. In cases where the automatic premium payment debited from bank account or credit card account is less than the amount direct debited by the Company, or any cases where a refund of paid premium is required, I hereby agree that the Company shall return the amount as follows: 1) In case of direct debit from bank account, I hereby agree to a direct refund to the insured by transfer to the account of the insured or any other method deemed appropriate. 2) In case of payment by credit card, I hereby agree to a refund to the credit card account (whichever the case may be).
5. Premium payment for the insurance applicant/insured does not authorize me to have the right or to exercise the rights in the policy, or to receive any policy benefits according to the conditions in the policy. The right shall only remain with the insured or beneficiary according to the policy.
6. **In case of a unit-linked insurance policy,** if the premium payment cannot be debited from the bank account or credit card on the due date, I hereby give my consent to proceed with debiting the amount from my bank account or my credit card to pay the premium in 15 days and 30 days, respectively, from the due date of premium payment (in cases where the due date is on a public holiday of the bank/card issuer, the Company will debit the amount on the last working day of the bank/card issuer before the due date), and the insured agrees to accept the investment value as of the day after the date on which the renewal premium payment was successfully debited from the bank account or credit card account (whichever the case may be).
7. In case of cancellation of credit card, the credit card owner agrees to pay the outstanding installments to the bank in full and accumulate the outstanding balance into the credit card account immediately, and agrees to disclose personal information to the bank for a credit card refund upon request of the premium payment representative.
8. The premium payment representative/insurance applicant/insured acknowledges and accepts all terms and conditions in this Letter.

Sign..... Sign.....

Credit card owner as a consent grantor/Bank account owner

Insurance applicant/Insured/Legal representative/Legal guardian who enters into the life insurance contract and pays the premium

For Verification by the Bank's Authorized Officer (Only for automatic premium payment by bank account)

Signature Verified Sign ..... Position ..... Branch .....

For Company Staff

Sign .....

3. Receiving Policy Benefit and Other Sums via Bank Account

I hereby allow the Company to transfer the policy benefits and other sums of the aforementioned policy to me by transfer to

The account to receive policy benefits must be the account of the insurance applicant/insured/legal representative/ legal guardian who enters into the life insurance contract and pays the premium (in case the insurance applicant/insured is a minor) / assignee and transferee (in case of assignment and transfer of benefits).

Remark: It can be transferred to either the bank account or Prompt Pay account (only one account).

◯ The same bank account No. as stated in Item 2

◯ Prompt Pay account registered with ID card No.

(Please provide ID Card No. and attach the proof. A copy of the first page of the passbook is not required.)

◯ Bank account of Bank..... Branch .....

Account Type ◯ Savings Account ◯ Current Account

Account Name .....

Account No. ____-____-____-____

Terms and Conditions for Receiving Policy Benefit and Other Sums via Bank Account

1. In cases where the Company cannot remit the payment into the aforementioned account, for whatever reason, I agree to receive such policy benefit in cheque or any other payment method deemed appropriate after the Company has been notified that the remittance has been rejected by the bank.
2. If there are any changes in relation to the aforementioned bank account, I shall notify the Company of such changes in writing at least 30 days. I acknowledge that while the Company is making such changes, the policy benefits might be paid by original methods.
3. In case the insurance applicant/insured is a minor, I hereby acknowledge that when the insured reaches the legal age of adulthood (sui juris), but there has been no notification to request to change the bank account name to the insured's name, the Company shall pay the policy benefits in cheque to the insured or any other payment method deemed appropriate.
4. I hereby give consent to the Company to cancel or change the remittance of the policy benefits into my bank account at any time. In case of cancellation, the Company shall pay the policy benefits in cheque or any other payment method deemed appropriate.
5. In case the insured who assigns and transfers benefits agrees to assign and transfer the benefits to "the assignee and transferee", and "the assignee and transferee" agrees to receive the rights and benefits from "the assignor and transferor", rights and benefits are according to the conditions of the insurance contract.

Sign.....

Insurance applicant/Insured/Legal representative/Legal guardian who enters into the life insurance contract and pays the premium/Assignee and transferee

For Company

1. Please attach a copy of the first page of the passbook/bank statement (excluding fixed deposit accounts) or a copy of the credit card of yours. In addition, please cross out the 3-digit CVV code, and sign to certify it as a true copy as evidence.
2. Please certify a true copy of ID card and cross out "religion" information until that information cannot be read and sign to certify the amendment. In case you did not do so, you consent the Company to cross out the "religion" information on your behalf.

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Name-Surname of Insurance Applicant/Insured .....

◯ Application No. ..... and / or ◯ Only Policy No. 1.)..... 2.) ..... ◯ All Policies In-force

I (Owner of Credit Card /Owner of Savings Account) ..... Age .....Years old *ID Card No __ -__ __ __ __ - __ __ __ __ __ - __ __ - __

Tel __ __ - __ __ __ __ - __ __ __ __ __ Mobile Phone No __ __ __ __ - __ __ __ __ - __ __ __ __ __ E-Mail _____

◯ Am an insurance applicant/insured ◯ Have relationship with insurance applicant/insured as .....

In case the credit card owner/ the savings account owner is not the insurance applicant or the insured, the relationship with the insurance applicant/insured must be specified, and a copy of ID card certified true copy with specification of the relationship must be attached as evidence.

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1. Premium Payment by Credit Card

Credit Card No. __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ Expiry Date __ __ / __ __

Credit Card Type. ☐ VISA ☐ MASTER CARD ☐ JCB

◯ **1.1 Single payment by credit card (mail order)** Amount ..... Baht

For ◯ Ordinary plan ◯ Unit-linked (UN) ◯ Universal Life (UL) Year/Installment __ __ / __ __

Pay in ◯ Full ◯ Installments* Bank ..... Interest Rate .....% Payment Period ..... Months

* The premium payment in installments is subject to the commercial banks participating in the promotional program with the Company at that time.

◯ **1.2 Automatic premium payment by credit card** (available only for some distribution channels and insurance plans)

I hereby give consent to the Company to collect/debit money from my credit card as detailed in Item 1.

2. Automatic premium payment by bank account (for renewal premium payment only)

◯ I hereby give consent to the Company to collect/debit money from my bank account.

Bank ..... Branch .....

Account Type ◯ Savings Account ◯ Current Account, including deductions from overdraft limit (if applicable)

Account Name ..... Account No __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Remarks: In case of automatic premium payment debited from bank account (except Bangkok Bank), please submit this Letter to the bank of such account to certify the signature before submitting the form to the Company.

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2. This Letter shall be effective with the possible change of account number or credit card number for the premium payment according to the aforementioned life insurance application form/insurance policy in the amount and date that the bank/card issuer had been notified by the Company.
3. The direct debit from bank account or credit card account shall be effective immediately on the date of the signing of this Letter, and shall be in full force and continue to be effective until the bank/card issuer terminates my right on my bank account or credit card account hereunder or until my written notice to revoke this Letter is given to the bank/card issuer and the Company at least 2 months in advance.
4. In cases where the automatic premium payment debited from bank account or credit card account is less than the amount direct debited by the Company, or any cases where a refund of paid premium is required, I hereby agree that the Company shall return the amount as follows: 1) In case of direct debit from bank account, I hereby agree to a direct refund to the insured by transfer to the account of the insured or any other method deemed appropriate. 2) In case of payment by credit card, I hereby agree to a refund to the credit card account (whichever the case may be).
5. Premium payment for the insurance applicant/insured does not authorize me to have the right or to exercise the rights in the policy, or to receive any policy benefits according to the conditions in the policy. The right shall only remain with the insured or beneficiary according to the policy.
6. **In case of a unit-linked insurance policy,** if the premium payment cannot be debited from the bank account or credit card on the due date, I hereby give my consent to proceed with debiting the amount from my bank account or my credit card to pay the premium in 15 days and 30 days, respectively, from the due date of premium payment (in cases where the due date is on a public holiday of the bank/card issuer, the Company will debit the amount on the last working day of the bank/card issuer before the due date), and the insured agrees to accept the investment value as of the day after the date on which the renewal premium payment was successfully debited from the bank account or credit card account (whichever the case may be).
7. In case of cancellation of credit card, the credit card owner agrees to pay the outstanding installments to the bank in full and accumulate the outstanding balance into the credit card account immediately, and agrees to disclose personal information to the bank for a credit card refund upon request of the premium payment representative.
8. The premium payment representative/insurance applicant/insured acknowledges and accepts all terms and conditions in this Letter.

Sign ..... Sign .....

Credit card owner as a consent grantor/Bank account owner

Insurance applicant/Insured/Legal representative/Legal guardian who enters into the life insurance contract and pays the premium

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(Please provide ID Card No. and attach the proof. A copy of the first page of the passbook is not required.)

◯ Bank account of Bank ..... Branch .....

Account Type ◯ Savings Account ◯ Current Account

Account Name .....

Account No. __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

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