



**SECTION D. CHANGING / UPDATING PAYMENT METHOD - THE BELOW DEBIT ORDER AUTHORISATION MUST ALSO BE COMPLETED**

CURRENT PAYMENT METHOD  NEW PAYMENT METHOD: PERSAL  DEBIT ORDER  OTHER

Name & Surname  ID Number

Amount to be deducted R  Preferred date of 1<sup>st</sup> deduction

**STOP ORDER / PERSAL AUTHORISATION - IF PAYMENT BY PERSAL IS NOT POSSIBLE I AUTHORISE THAT MY METHOD OF PAYMENT BE CHANGED TO BANK DEBIT ORDER**

Occupation  Persal or other? Other  SASSA  Persal  SANDF

If Persal, Persal Number  (SANDF) If SANDF, Department Code

I hereby authorise the Accounting Officer of the Department of \_\_\_\_\_ to deduct the premium indicated above from my salary on a monthly basis and remit it to Assupol, from which I have obtained an insurance policy, until such time as I cancel this authorisation in writing or until I substitute it with a new authorisation. Should the relevant premium be adjusted by Assupol as a result of a general contractual increase / decrease in the premium, or should I request Assupol to increase / decrease the premium for certain reasons, I hereby grant permission that the adjusted premium may be deducted from my salary until such time as I cancel this authorisation in writing or substitute it with a new authorisation. No pro-rata (proportional) payments are applicable. Only full payment in respect of the premium is accepted.

Full name of Policyholder / Premium Payer  Signature of Policyholder / Premium Payer  Date

**DEBIT ORDER AUTHORISATION**

Name of Account Holder

Name of Bank  FNB  ABSA  NEDBANK  STD BANK  BIDVEST  CAPITEC  OTHER

Account Number

Branch Name  Branch Code

Type of Account Cheque  Savings  Transmission

Day of debit order

Debit Order Description in respect of NHB Funeral / NHB Value Plan  NHB PROSPER  OR NHB VALUE PLAN

I hereby authorise Assupol (Pty) Ltd ("Assupol") and / or NHB Administrators (Pty) Ltd ("NHB") to draw against my account (or any other bank or branch to which I may transfer my account), the premium payable under the above plan, and I request my bank to debit my account in terms of this order. This request will remain in force until cancelled by me in writing. I understand that I shall not be entitled to any refund of amounts which have been withdrawn while this authority was in force if such amounts were legally owing to Assupol and / or NHB. I hereby irrevocably authorise Assupol and / or NHB to obtain at any time verification of my account details from my bank. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account. All such withdrawals from my bank account by you shall be treated as though they have been signed by me personally.

Full name of Premium Payer  Signature of Premium Payer  Date

**PROTECTION OF PERSONAL INFORMATION**

NHB may use personal information about you, as defined in the Protection of Personal Information Act, that NHB lawfully obtained in the past or may obtain in the future, including the information provided to NHB for this form, for the following reasons:

- To consider applications for policies of which you are the Policyholder of Life Assured; and
- For all purposes of such policies, issued in the past or in the future, particularly to consider claims for benefits and to trace persons who could receive benefits (tracing fees may be deducted from the benefits)
- To market NHB and its associates' products and services

Full name of Policyholder  Signature of Policyholder  Date

Representative Name  Representative ID Number

Representative code  Representative Signature