

Instruction to your Bank or Building Society to pay by Direct Debit

Originator's Reference Number – 7 1 5 3 1 6

**Name and full postal address of your Bank or Building Society**

To: The Manager

Bank or Building Society

Address

Postcode

Name(s) of Account Holder(s):

Branch Sort Code:

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Bank or Building Society Account Number:

Reference Number (for official use only):

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Instruction to your Bank of Building Society. Please pay CIGNA International Direct Debits from the account detailed in this instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this Instruction may remain with CIGNA International and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s) Date

DIRECT DEBIT GUARANTEE

- This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected
- If the amounts to be paid change or the payment dates change, you will be told of this in advance by at least (no of days) as agreed.
- If an error is made by us or your Bank/Building Society, you are guaranteed a full immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time, by writing to your Bank or Building Society. Please also send a copy of your letter to us.

For internal use only:

Date received Sales Consultant

Broker name and address

Broker contact Broker telephone number Agency number

Commission (initial) Commission (renewal)

Premiums (single rates excluding IPT)

Crystal Opal Pearl Diamond Channel Island Diamond

CIGNA HealthCare, 1 Knowe Road, GREENOCK, Scotland PA15 4RJ

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