

# Stop Order Authorisation – Life

Hollard Life Assurance Company Ltd



I, the undersigned

First name

Surname

Persal/  
employee number

Policy number

hereby authorise the Human Resource department of:

Employer

to deduct

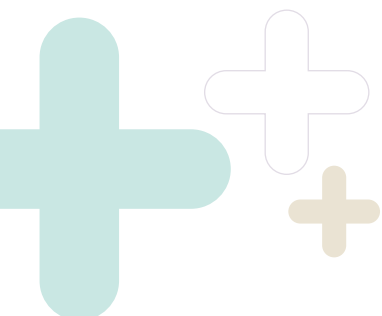
monthly premium from my salary on

and monthly thereafter and remit to Hollard Life Assurance Company Ltd, from whom I have obtained a life assurance policy, until such time as I cancel this authority in writing or until I substitute it with a new authorisation. This authority is valid for any contractual premium increases advised by Hollard Life Assurance Company Ltd.

I further hereby authorise Hollard Life Assurance Company Ltd to collect via debit order using my bank account details if my payroll deduction is unsuccessful.

Signature of  
policyholder

Signature date



**Hollard.**