



Debit Order Form

The LifeCycle Endowment Policy underwritten by 27FourLife

Once Off Debit Order Form

Instructions

1. Before proceeding, please read the relevant sections of the Terms and Conditions of Membership.
2. Please complete all relevant sections of this form, and send it together with the required documents to the Administrator at lifecycle@thecycle.co.za
3. Cut off times for receiving instructions are 11:00 (SA).
4. **The monthly debit order will be deducted from the investor's bank account on the chosen debit order date every month. Should this fall on a non-working day it will be collected the next working day.**

Member Details

Account Number _____

Title _____ Surname _____

First Name(s) _____ Male _____ Female _____

Identity Number or Passport (if no RSA ID) _____ Date of Birth _____

Email Address _____

1. My Bank Account Details

Bank account details for debit order deduction: **PLEASE ATTACH PROOF OF BANKING**

Name of Bank: _____ Branch Name: _____

Account holder: _____ Branch Code: _____

Account number: _____ Account Type: _____

- The account holder must have a South African bank account.
- No debit order will be processed to a credit card.
- I/We hereby request, instruct and authorize the Administrator (D and D the Cycle (Pty) Ltd) to draw against my/our account with the bank noted above (or any bank or branch to which I/we may transfer my account). Attach a copy of the Account Holder ID if not the member.
- I/We understand that all such withdrawals from my/our bank account shall be treated as though they had been signed by me/us personally.
- I/We agree to pay any bank charges and costs relating to the debit order authority, including debit order rejection fees.
- I/We acknowledge that I/we may cancel this authority by giving the Administrator not less than 10 calendar days' written notice.
- I/We agree that receipt of this instruction by the Administrator (as defined in the Terms and Conditions) shall be regarded as receipt thereof by my/our bank.
- In order to activate the debit order, the Administrator must receive the application form at least 10 calendar days prior to the first debit order date.
- The debit order will only be actioned on the signing of this Authority.
- Bank reference number on your bank statement will be Lifecycle RA DO (followed by unique identification number).
- The bank abbreviated name is: NPDDTHECYC

Bank Account Holder Signature

Date

2. Investment Options

Investment Selection Name	Once Off Debit Order Amount (Rand)
TOTAL	

3. Source of Funds

Please specify the source of funds (e.g. salary; investment proceeds; sale of assets; inheritance etc.) The Administrator reserves the right to request documentary proof e.g. income statement, bank statement.

Salary Bonus / Company Profit Investment Proceeds Sale of Assets

Inheritance Other (specify)

4. Debit order details

Tick the appropriate boxes

Take my debit order on:

M	M	C	C	Y	Y
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- In order to activate the debit order, the Administrator must receive the application form at least 10 calendar days prior to the first debit order date

5. Members Declaration

1. I hereby warrant that the information given above is correct and I instruct and authorise the Fund to execute the instructions in accordance with the instructions above, subject to the Rules of the Fund and applicable legislation.
2. I acknowledge that the Administrator and Trustees do not give advice and shall not have any liability in respect of my selection.
3. Provided the Fund receives sufficient and all supporting documentation, the Administrator will process the instructions.

Signed at: _____ Date: _____

Full Name of Signatory: _____ Capacity: _____

Signature of Member: _____