



SEPA-DIRECT DEBIT MANDATE

By signing this mandate, you authorise (A) Cardif Lux Vie Société Anonyme to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with instructions from Cardif Lux Vie Société Anonyme.

You are entitled to a refund from your bank under the terms and conditions of your agreement with the bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Policy in question:(Policy number)

Surname: First name:

Address: N° :

Postcode: Town/City:

Country:

Details of your account

IBAN – International Bank Account Number:

Swift BIC – Your bank’s international identification code:

Type of payment: Recurrent/regular payment One-off payment

To be completed by the Creditor before submitting the form to the Debitor

Name of creditor: Cardif Lux Vie

Identification SEPA of creditor: LU14ZZZ0000000006399002003

Address of the Creditor:

Address: Avenue de la Porte-Neuve

N° : 23-25

Postcode: L-2227

Town/City: LUXEMBOURG

Country: LUXEMBOURG

In accordance with SEPA regulation, the creditor must pre-notify the debtor of the collection at least 14 calendar days before the transaction. By signing this mandate, you agree to reduce this contractual deadline to six days

Note : Your rights relating to the above mandate are explained in a document that you can obtain from your bank.

RETURN TO	FOR THE EXCLUSIVE USE OF THE CREDITOR
<p style="text-align: center;">Cardif Lux Vie Société Anonyme 23-25 avenue de la Porte-Neuve LU-2227 Luxembourg</p>	

SIGNATURE

At:

On: / /

Policyholder/Member/Assured Person