Authorization for payment of insurance premiums to MetLife through credit card



Application No.

Credit card payment is only available for visa credit or master credit cards. It can only be used by Policy Owners using their own credit cards. Please complete the personal details section and the credit card payment section below.

a. Declarations:

- 1. I hereby agree to effect the payment of premiums in relation to the Insurance Policies with MetLife ("the Policy") and authorize MetLife to debit my credit card whose details with the amount of premiums are shown below.
- 2. I also hereby authorize MetLife to continue debiting my credit card with the amounts of the subsequent premiums as applicable for the duration of the Policy, subject to the terms and conditions of the Policy.
- I understand and agree that coverage under the Policy will begin and continue only after debiting my credit card with the amount of the due premium as applicable.
 I understand and agree that in the event my credit expires or is not renewed for any reason, or in case of unavailability of sufficient funds, whatsoever, I shall effect the payment of all due premiums related to the Policy through any of the mode of payments prevailing and made available by MetLife. Failing to pay the due premiums on time, shall lead to lapsation of my policy, subject to the terms and condition of the policy.
- 5. I understand and agree that in the event of renewal of my credit card, I shall present a new authorization form to effect the payment of my subsequent premiums for the duration of the policy, and shall continue to be valid unless cancelled by myself in writing.
- 6. I hereby understand that MetLife will debit my bank card for the applicable premium in accordance with the policy currency. I am aware that the card issuer bank may apply rates and charges as per the bank's own currency conversion rates.

b. Personal details (Policy Owner)

Policy no.		
Policy Owne	r Full Name	

c. Authorization for credit card payment

I, the undersigned, based on the declarations stated above hereby provide my consent and confirm my authorization to American Life Insurance Company (MetLife), to debit my credit card with the amount as detailed below for the above mentioned application:

Master/Visa Credit card number											Credit card expiry date M M Y Y
Name of card issuer bank							Bank	nam	е		
Full name											

(as	quoted	on	the	card)

d. <u>Mode of Payment</u>	Single payment please debit my credit card as detailed below	Recurrent payment please debit my credit card as detailed below			
Policy currency USD AED					
Amount in figures					
Amount in words					
Starting date					
Frequency	Not applicable	Annual Semi-Annual Quarterly Monthly			
Number of installments	Not applicable	Open ended			
Preferred date for debit (on or after)	Not applicable	D			

• I hereby declare to American Life Insurance Company (MetLife) after entering my credit card data and numbers on its internal systems to obliterate/mask some of the card numbers described above of this authorization in order to protect the data without the need for me to sign on this authorization after the obliteration and without detracting or affecting the legal power of any delegation has been given to the company under this authorization.

- I hereby agree and confirm that this authorization form in favor of American Life Insurance Company (MetLife) will remain in force until such time I cancel or amend in writing.
 I hereby understand that MetLife will only process the application after the authorization of my credit card payment is granted.
- I understand that this form shall not be treated as a payment receipt.
- I understand and agree that it is my responsibility to obtain and retain a copy of this authorization and any premium payment receipt for future reference.
- I hereby provide MetLife unambiguous consent, to process, share, and transfer my personal data to any recipient whether inside or outside the country, including but not limited to the Company Headquarters in the USA, its branches, affiliates, Reinsurers, business partners, professional advisers, Insurance Brokers and/or service providers where the transfer or share, of such personal data is necessary for: (i) the performance of this Policy; (ii) assisting the Company in the development of its business and products; (iii) improving the Company's customers experience; (iv) for the compliance with the applicable laws and regulations; or (v) for the compliance with other law enforcement agencies for international sanctions and other regulations applicable to the Company.
- I hereby declare to American Life Insurance Company (MetLife) after entering my credit card data and numbers on its internal systems to obliterate/mask some of the card numbers described above of this authorization in order to protect the data without the need for me to sign on this authorization after the obliteration and without detracting or affecting the legal power of any delegation has been given to the company under this authorization.

	X	
Full name of the Owner/Cardholder's	Owner/Cardholder's signature	Date
Telephone Country _ Area Code -	E-mail	
 I have verified the original credit/debit card produced by the Poli agreement with his/her credit/debit card. I also confirm that the same and also agreed the signature as per above authorization w 	Policy Owner or Payor (if an already approved Third Party Pay	
	X	D D M M Y Y Y
Name of Agent	Agent's signature	Date
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