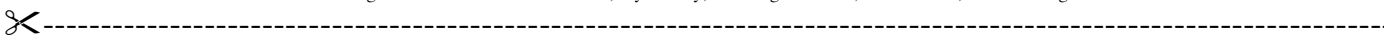


THE DIRECT DEBIT GUARANTEE



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, The Equitable Life Assurance Society will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request The Equitable Life Assurance Society to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by The Equitable Life Assurance Society or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when The Equitable Life Assurance Society asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

For security and training purposes, telephone calls may be recorded.
 Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.
 The Equitable Life Assurance Society is a mutual society registered in England No. 37038.
 Registered Office: Walton Street, Aylesbury, Buckinghamshire, HP21 7QW, United Kingdom.



The Equitable Life Assurance Society, Walton Street, Aylesbury, Bucks, HP21 7QW

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

Please complete boxes 1-4, sign and date the form and send it to: The Equitable Life Assurance Society.



1 Name(s) of account holder(s)

Originator's identification number

| | | | | | |
|---|---|---|---|---|---|
| 9 | 9 | 0 | 4 | 5 | 4 |
|---|---|---|---|---|---|

2 Bank/Building Society account number

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Originator's reference number

3 Sort code (from the top right hand corner of your cheque)

| | | | | | | | | |
|--|--|--|---|--|--|---|--|--|
| | | | - | | | - | | |
|--|--|--|---|--|--|---|--|--|

Your instructions to the Bank/Building Society.
 Please pay The Equitable Life Assurance Society Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.

4 Name and full postal address of your Bank/Building Society

| | |
|-----------------|-----------------------|
| To: The Manager | Bank/Building Society |
| | |
| | |
| Postcode | |

I understand that the instruction may remain with The Equitable Life Assurance Society and if so details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks/Building Societies may not accept direct debit instructions for some types of account.