

**The Core Single Euro Payment Area (SEPA) Scheme
Recurrent Direct Debit Mandate**

Creditor:
The Equitable Life Assurance Society
PO Box 484
Walton Street
Aylesbury
Bucks,
HP21 7WW, United Kingdom

Creditor Identifier: DE63ZZZ00000760382 Creditor IBAN: DE25 3003 0880 1918 0700 16

Mandate Reference:

SEPA regulations state a direct debit mandate must be completed in full and without any alterations. If not adhered to the form will be void. Please complete all the requested information below.

By signing this mandate form, you authorise (A) The Equitable Life Assurance Society to send instructions to your bank/building society to debit your account and (B) your bank/building society to debit your account in accordance with the instructions from the Creditor.

As part of your rights, you are entitled to a refund from your bank/building society under the terms and conditions of your agreement with your bank/building society. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Your Name(s):

Your Address:

City/Postcode:

Country:

BIC:

IBAN:

Date of signing:

Location of signing (City/Town):

Signature(s):

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Please return this completed form to the Equitable Life Assurance Society, PO Box 484 Walton Street, Aylesbury, Bucks, HP21 7WW, United Kingdom.