Fidelity Life

CREDIT CARD PAYMENT

Name of cardholder _____

Address _____

_____

_____

Amount $ _____ : _____ cents

Credit Card number | | | | | | | | | | | | | | | | |

Card type Visa ◯ Mastercard ◯ Expiry date | | | | (Month Year)

Signature of cardholder _____

Date | | | | | | (Day Month Year)

Please note:

1. Credit card payments will be accepted for all annual, bi-annual, initial monthly premiums and arrears.
2. Fidelity Life does not accept credit card payments for regular monthly premiums, savings or investment premiums (including annual or bi-annual).
3. This credit card payment form will be destroyed once payment has been processed.

Please attach this form to relevant documentation/application, OR mail in the attached reply paid envelope.