

2. Credit card authority

I authorise Asteron Life Limited to charge my credit card for all premiums for my policy until further notice.

Please tick one

Visa

☐

MasterCard

☐

Policy number(s)

Card holder's name

Card number

Expiry date

Card holder's signature

[Sign here](#)

3. Preferred method of communication

My preferred method of communication:

Please tick one

Email

☐

Phone

☐

Letter

☐

Fax

☐

Contact details for communications

Asteron Life

PO Box 894, Wellington 6140, NZ

Ph: **0800 737 101** (Contact Centre hours: Mon–Fri 8.30am–5pm)

Email: contactus@asteronlife.co.nz Web: asteronlife.co.nz

Issuer: Asteron Life Limited