Date:

Aetna International

25 Templer Avenue

IQ Farnborough

Hampshire

GU14 6FE

Sub.: Authorization for premium payment

Ref.: [Name of the Applicant]

This is to place on record that I, [payee name], would be paying Aetna International Insurance Company from my below mentioned cheque/bank account/credit card(s) - the premium amount(s) due for the Policyholder [insert complete name of the Policyholder name] bearing the Policy No . [Insert Policy number]. The above policyholder is our [insert relationship].

I authorize you to accept payment through cheque in respect of monthly/ annual premium due in respect of the above policy. I understand and agree that any untimely payment of the above premium will result in suspension and/or cancellation of the above policy. I also understand and agree that under the Company's Anti Money Laundering Policy the Company may require to carry out my due diligence by asking us to submit certain identity documents.

This authorization letter stands valid unless revoked by me or by the Policyholder through a written notification to Aetna International.

Thanking You,

Yours faithfully

Authtorised Signatory Name & Signature