

Transamerica Life (Bermuda) Ltd.

(Incorporated in Bermuda with limited liability)

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CREDIT CARD PAYMENT FOR INITIAL/ REINSTATEMENT PREMIUM FORM

✓ Select the box that applies MasterCard Visa Initial Premium Reinstatement Premium Given Name(s) Name of Insured Surname Given Name(s) Name of Policy Owner (if different from Insured) Surname Given Name(s) Name of Cardholder Surname (mm/yyyy) Card Number **Expiry Date** Relationship to the Insured* (Please tick one of the box if cardholder is different from Policy Owner/Insured) my parent ☐ the company of which I am the director or shareholder my spouse Signature of Card Holder Date (dd/mm/yyyy) X HKD **Amount Paid** (USD Premium @ USD) Policy Number (If known) Office ID **Special Instructions** * Initial Premium - please complete Section 18 - Payor Details on Life Insurance Application Form Reinstatement Premium - please complete Third Party Payment Declaration Form (Payment Submission) For Office Use Only

Date Received	(dd/mm/yyyy)
Policy Number	
Input Date	(dd/mm/yyyy)
Input By	
	USD HKD