

*Please complete this Payment Authorisation Mandate if you require payment of your Claim to be made to anyone who is not a named Policyholder.*

<b>Payment Authorisation Mandate</b>	
<b>Policyholder(s):</b>	
<b>Policyholder Address:</b>	
<b>Claim Reference Number:</b>	
<b>Policy Number:</b>	
I, _____	
<b>the policyholder(s), authorise Tower Insurance to make payment to:</b>	
Name:	
Address:	
<b>In the sum of:</b>	
I understand that payment by Tower Insurance under this authority represents discharge of its contractual obligation under the terms of the policy to the value of the payment made.	
Tower Insurance accepts no responsibility in connection with the payment authorised by this mandate, save that the payment be made in the manner directed.	
<b>Important:</b> Where there is more than one policyholder, each policyholder is required to sign the mandate.	
<b>Signature(s):</b>	<b>Date:</b>
<b>Print name(s):</b>	