![Sagicor logo]

DIRECT CREDIT AUTHORIZATION
for Life Insurance Policy Disbursement

All fields are mandatory. Incomplete forms will not be processed.

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1. POLICYOWNER/BENEFICIARY INFORMATION

Full Name of Account Holder (*First Name   Initial   Last Name*)

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Residential Address of Policyowner

| |

Telephone No. (*include area code*)	**E-mail**

Identification No. and Type

	National ID [ ] Passport [ ] Driver's License [ ] Other _____

Name of Policyholder/Beneficiary

| |

Policy No. (the "Policy")

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2. ACCOUNT INFORMATION

Name of Bank / Financial Institution (the "Bank")

| |

Branch where account is held	**Account Type**	
	Saving [ ]	**Chequing [ ]**

Account No. to be credited (the "Account")	**Transit Number**

1. I, the undersigned Account Holder, hereby authorises Sagicor Life Inc. ("Sagicor") to credit my Account with payment being disbursed under the Policy. Amounts so credited shall constitute valid discharge of payment obligations to me under the Policy.
2. This authorisation revokes and replaces all previous direct credit authorisations and shall continue to be in force until such time as I shall have expressly revoked it by at least 10 days' written notice delivered to Sagicor at its office. Any change in the account to be credited must be notified to Sagicor by filing a new Direct Credit Authorisation at least 10 days before the change is to become effective.
3. It is understood and agreed that Sagicor shall not be required to obtain and will not seek confirmation or verification of the account information provided by me from the Bank or any third party and shall not be liable for any loss resulting from the inaccuracy of the information provided or from failure to notify Sagicor of a change of account in the manner provided for herein.
4. Any delivery of this authorisation to the Bank shall constitute delivery by the undersigned.
5. Sagicor may in its absolute discretion terminate this arrangement with immediate effect by written notice sent to my last known address on record.

Signature of Account Holder as recorded at Bank	Date
Signature of Witness	Name of Witness