



SALARY DEDUCTION FORM
(Increase/decrease)

Please indicate (✓) tick the appropriate institution:

Private

Government

Institution:

Address of Institution:.....

Payor:

National Insurance Number:

Owner Policy Number(s) & Amount(s):.....

Other Policy Number(s) & Amount(s):

Contact Information.....

Dear Sir/Madam,

Please increase/decrease my salary deduction order from \$ to \$

from the month of 20

and pay directly to **SAGICOR LIFE INC** or

deposit to the Treasury for payment to **SAGICOR LIFE INC** (*Government only*)

.....
Signature of Officer

.....
Date

Checked by:

