TO: SAGICOR LIFE JAMAICA LTD.
28-48 BARBADOS AVENUE
NEW KINGSTON
KINGSTON 5.

AUTHORIZATION FOR THE DEDUCTION OF PREMIUMS FOR ADDITIONAL POLICY FROM EXISTING ACCOUNT

Dear Sirs:

Please accept this document as my authorization for additional deduction from my account as is indicated below:

Reference Number: _____ *(Policy already on PAP)*

New Policy Number/s: _____

Payor's Name : _____

Bank : _____ Branch: _____

Account Type : _____ Account Number: _____

Total additional amount: $_____

Commencement date of additional deduction: _____/_____/_____
                                                        (dd/mm/yy)

_____
Payor's Signature.