



TO: _____
(Bank & Branch)

ACC. TYPE	ACCOUNT NUMBER	ACCOUNT NAME

Commencement Date: _____ Frequency: Monthly Quarterly Semi-Annually Annually
DD/MM/YYYY

Total Deduction: _____

MORTGAGE/POLICY NUMBER	PREMIUM INCL. APIP/ MORTGAGE PAYMENT	LOAN REPAYMENT	MORTGAGOR/ OWNERS NAME

You are hereby authorised and requested to debit the account of the undersigned, whether it continues to be maintained at the branch named above or is from time to time transferred to another branch of the Bank, the amount stated above or any variations in any Payment Order thereto purported to be drawn on you on behalf of the undersigned, or any authorised signatories in accordance with the bank mandate, by and made payable to SAGICOR LIFE JAMAICA LIMITED, plus charges incurred in making this service.

In consideration of your acting as aforesaid, it is agreed that your treatment of each such Payment Order including any variation of the amount specified and your rights with respect to it shall be the same as if it were signed by the undersigned or the authorised signatories if more than one, in accordance with the bank mandate. Your rights by reasons of the payment and debit as aforesaid of the amount specified in each such instruction shall be the same as if such amount were specified in a written direction to credit such amount to the said account signed by the undersigned, or the authorised signatories if more than one, in accordance with the bank mandate. Failure to pay any such Payment Order or to credit or debit the amount specified on any such instruction shall give rise to no liability on your part even if such failure results in default in the fulfillment of any obligations of the undersigned or a forfeiture of insurance or loss or damage of any kind.

In the event that there shall be insufficient funds standing to the credit of the said amount at the time when any Payment Order or electronic, magnetic or computer-produced instruction is presented to you for payment and debit to the said account, you are hereby specifically authorised and instructed to return such voucher or tape as dishonoured to the party specified thereon for that purpose notwithstanding the fact there may be at that time sufficient funds standing to the credit of any other account or accounts maintained by the undersigned, or any other one of them if more than one, with your bank or any branch thereof.

You are further advised that Sagicor shall suspend the submission of payment orders to the Bank, in the event of three dishonoured payments, until I provide written instructions to Sagicor for the re-commencement of submission of such Payment orders.

Any delivery of this authorisation to you will constitute delivery by the undersigned the authorised signatories in accordance with the bank mandate if more than one.

NB: For a joint account, this authorisation must be signed in accordance with the bank mandate.

DATE

(Signature/(s) of depositor/(s) as shown in bank records for the account/(s) maintained above)

NAME OF AGENT (CODE NO.)

(Signature/(s) joint account holder/(s) as shown in bank records for the account/(s) maintained above)

Sagicor Life Jamaica Limited, R. Danny Williams Building, 28-48 Barbados Avenue, New Kingston. P.O. BOX439, Kingston 5.
www.sagicorjamaica.com Tel: 1-888-SAGICOR (724-4267) Fax:(876)929-4730



PAD-PPP02-08-J/1113