



**SALARY DEDUCTION FORM**

**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: .....

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Dear Sir/Madam,

Please cause the sum of .....dollars and .....cents

to be deducted each month from my salary as 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: .....

