

PLEASE PLACE A TICK IN THE
APPROPRIATE BOX BELOW

- ☐ FIRST DEDUCTION
☐ ADDITIONAL DEDUCTION
☒ CEASE DEDUCTION

CODE 420

Case deduction

DEDUCTION MODE		FULL NAME (Policyowner or applicant)	MAIDEN NAME (or payor's name if different)	EMPLOYEE'S NO. OR CREDIT UNION ACCT. NO. (PAYOR)	GRADE / POST/ RANK/TEACHERS NO.	STATION OR UNIT	POLICY NO.	NEW AMOUNT
START DATE	PREMIUM FREQUENCY							
Nov 2002	Monthly	Stephanie Dawson					10027427	\$6000

PREVIOUS POLICIES (if any)

No.

No.

No.

AGENT'S NAME:

Kerry-Ann Mathis

BRANCH:

C-I-A Ocho Rios

AGENT'S STAMP

0206W

NOTE: This total is in addition to existing deductions.

\$6000

NAME OF ORGANIZATION (PLEASE PRINT)

Marksman

SCHOOL, DEPT. OR REGIMENT:

Please cause the total indicated in the appropriate column above or any variation thereof, as may be necessitated by the terms of my life insurance contract with Sagicor Life Jamaica Limited and as may be communicated by authorized personnel of Sagicor Life Jamaica Limited, to be deducted each (month, quarter, half year) from my salary for payment to Sagicor Life Jamaica Limited, 28-48 Barbados Avenue, Kingston 5, in respect of Life Insurance Premiums.

Payment to this Insurance Company may be effected in accordance with the above instructions. The first deduction must be in respect of my salary for the month of

No. 20 22

TAKE NOTICE THAT MONTHLY DEDUCTION MAY BE ALTERED UPWARDS OR DOWNWARDS WITHOUT AMENDMENT TO THIS AUTHORIZATION FORM.

01/11/2022
DATE

Dawson

EMPLOYEE'S SIGNATURE

DATE

FOR USE BY DEDUCTING
ORGANIZATION ONLY

MANAGER/ACCOUNTANT
SIGNATURE

MONTHLY SALARY DEDUCTION AUTHORITY FOR
INSURANCE PREMIUMS FOR PRIVATE AND
PUBLIC SECTOR EMPLOYEES



Sagicor

NOTE: In every instance where the payor is different from the policyowner/proposed policyowner, the payor's name or employee's No. must be recorded in the column provided.



PAYMENTS