

# BANKER'S ORDER FORM

**PLEASE CANCEL ANY PREVIOUS DEDUCTIONS IN FAVOUR OF  
GUARDIAN LIFE**

TO: THE MANAGER (Bank)

(Branch)

- ☐ First Citizens    1972828    \_\_\_\_\_
- ☐ RBC Royal Bank    100004013360602    \_\_\_\_\_
- ☐ Republic Bank    150-267-918-101    \_\_\_\_\_
- ☐ Other \_\_\_\_\_

(Please pay to GLOC's RBC account 10004013360602)

**Scotiabank** (Please use Scotia's Form ONLY)

FROM/CLIENT NAME: \_\_\_\_\_

CLIENT'S BANK ACCOUNT NO.: \_\_\_\_\_

Please debit my account and pay to  
**GUARDIAN LIFE OF THE CARIBBEAN LIMITED, #1A Guardian Drive, Westmoorings**

the sum of \_\_\_\_\_ dollars and  
\_\_\_\_\_ cents as follows, and similarly thereafter until further notice.

\$

Please Tick✓ one	starting			Please indicate specific dates for Quarterly, Semi-annual and Annual Modes. <i>For Example:</i> - Quarterly [ 5 <sup>th</sup> Mar / 5 <sup>th</sup> Jun / 5 <sup>th</sup> Sept / 5 <sup>th</sup> Dec ] - Semi-Annual [ 28 <sup>th</sup> Jun / 28 <sup>th</sup> Dec ] - Annual [ 1 <sup>st</sup> Mar ]
	Day	Month	Year	
<input type="checkbox"/> MONTHLY				Monthly Draw Date: _____
<input type="checkbox"/> QUARTERLY				_____
<input type="checkbox"/> SEMI-ANNUAL				_____
<input type="checkbox"/> ANNUAL				_____

Signature \_\_\_\_\_ Dated \_\_\_\_\_ (Day/Month/Year)

**COMPANY TO QUOTE UNDERMENTIONED INFORMATION WHEN MAKING PAYMENT**

PAYER'S CLIENT NO.

NAME

TOTAL AMOUNT

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\$ \_\_\_\_\_

*Kindly note that Scheduled Lumpsums, as with other Unscheduled Payments, are not reflected in your policy contract. As such, your copy of this Form serves as Guardian Life's acknowledgement of your instructions to allocate your payments when received accordingly.*

**BO v.9MAY2016**  
*Please complete details overleaf*



LIST OF POLICIES										OWNER'S NAME		PREMIUM AMOUNT	LOAN/ SUNDRY AMOUNT	SCHEDULED LUMP SUM AMOUNT	TOTAL AMOUNT
												\$	\$	\$	\$
TOTALS												\$	\$	\$	\$

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