Please select one of the following:

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[] Replacing Sagicor Bankers Order

[] Replacing both Sagicor and LOB

Bankers Order

From: Name: Address: Date: Sagicor To: Wise Financial Thinking for Life **Republic Bank Limited** Branch On _____ (must be a working day) and on the <u>same day</u> of each month quarter half-year year (tick where appropriate), please pay to REPUBLIC BANK LIMITED, PARK STREET, PORT OF SPAIN, FOR CREDIT TO ACCOUNT 180 1140 631 01, IN THE NAME OF SAGICOR LIFE INC. for the following Policy(ies)/Mortgage(s) : On the Life of: Number(s): Amount: (Maximum of Three (3) policies per Form) The sum of \$ _____ (Words) _____ debiting my/our account with the amount plus charges. Account Type: _____ (Savings/Current etc.) Account No.: Sagicor Life Inc. Agent's Name (in block letters) Client's Signature Sagicor Financial Centre 16 Queen's Park West Port of Spain

BANKER'S ORDER

REPUBLIC BANK LIMITED

Tel: (868) 628-1636/7/8 Fax: (868) 628-1639 email: comments@sagicor.com

N.B. The Bank does not undertake to effect after the due date any payment that has not been effected on the due date owing to lack of funds.