SCOTIABANK

This order replaces all previous Direct Debits

	From:							
	Name:							
\sim	Address:							
agicor	_	Date:						
ise Financial Thinking for Life	To:							
	Sagicor Life Inc.							
	Sagicor Financial Centre							
	16 Queens Park West							
	Port of Spain							
	Policy/Mortgage #	Amount	Policy/Mortgage #	Amount				
	You are hereby authorised and requested to debit the account of the undersigned, the amount stated below plus charges incurred in making this service. Print name(s) in which account stands in the Bank's records: Please indicate Branch of Scotiabank T&T Limited where account is maintained:							
							\$	
					Type of Account	Account		Amount (without charges)
					Commencing on		and on the	day of
	every month / quarter / half-year / year (delete where not applicable).							
	Life Inc. nancial Centre s Park West							
	ain	Agent's Name			Signature			
	3) 628-1636/7/8	(in block letters))	(as sh	nown in Bank's records)			

Sagicor Life Inc.

Sagicor Financial Centre 16 Queen's Park West Port of Spain

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

Please note:

- 1. For Joint Accounts where more than one signature is required, all signatories must sign.
- 2. Company's stamp must be inserted for Corporate Accounts.
- 3. In the event of insufficient funds the account will recycle for 45 days.