



ScotiaBRIDGE
EMPLOYEE/EMPLOYER
CONTRIBUTION CONFIRMATION
& AUTHORIZATION

Scotiabank Centre, 5th Floor, Corner Duke & Port Royal Streets, Kingston, Jamaica W.I.
Telephone: (876) 922-3765, 1-888-467-5542; email: sjlic.service@scotiabank.com

Instructions: This Authorization must accompany the Plan documents at the time of sale.

This Form must be completed for future changes to the Regular Contribution and submitted along with the Premium/Contribution/Bank Account Change form. A copy must be provided to both your Employer and Scotia Jamaica Life Insurance Company Limited for the change to be effective.

Plan No: _____

Name of Plan Member: _____ TRN: _____

Name of Employer: _____

Regular Contributions:

Employee Monthly Regular Contribution: \$ _____ Employer Monthly Regular Contribution: \$ _____

Total Monthly Regular Contribution: \$ _____

Change to be effective: _____
Month Year

Supplementary Contributions at Issue

Employee Supplementary Contribution: \$ _____ Employer Supplementary Contribution: \$ _____

Employee Authorization: Annual Contribution Receipt

I authorize Scotia Jamaica Life Insurance Company Limited to forward an Annual Contribution Receipt to my Employer, as noted above, to confirm all contributions.

Dated at _____ this _____ day of _____ 20 _____

Signature of Employee/Plan Member

Employer's Signature & Stamp