



ScotiaBRIDGE
SALARY DEDUCTION 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: Please complete this form in duplicate. This Authorization must accompany the Plan documents at the time of sale.

This Form must be completed for future changes to the Regular Contribution 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: _____

Select one of the following options:

I authorize my Employer, as noted above, to deduct my monthly ScotiaBRIDGE Regular contribution of \$ _____ from my earnings and remit to Scotia Jamaica Life Insurance Company Limited.

I authorize my Employer, as noted above, to revise my monthly ScotiaBRIDGE Regular contribution from \$ _____ to \$ _____ from my earnings and remit to Scotia Jamaica Life Insurance Company Limited.

Dated at _____ this _____ day of _____ 20 _____

Signature of Plan Member

Signature of Witness