

SAGICOR SIGMA EDUCATOR PLAN SALARY DEDUCTION FORM

PART A: PERSONAL INFORMATION

Full Name:	Title/First/Middle/Last/Maiden		
Name of Company:			
Address of Company:			
Employee I.D. #:		Department & Position:	
<p>This serves as authority for the above-stated company to deduct J\$_____Dollars from my monthly salary commencing _____ and forward to the attention of:</p> <p style="text-align: center;">Day/Month/Year</p> <p style="text-align: center;">The Sagicor Sigma Global Funds Business Support Unit Sagicor Investments Jamaica Limited 85 Hope Road, Kingston 6</p>			

I understand that my monthly contributions will be used to purchase units in the portfolio as indicated in Part B: Portfolio Section

Name	Name of Witness
Signature	Signature of Witness
Date: DD/MM/YYYY	Date: DD/MM/YYYY

PART B: PORTFOLIO SECTION

Select your Portfolio:	<input type="checkbox"/> Standard	<input type="checkbox"/> Premium	<input type="checkbox"/> Platinum
PORTFOLIO INFORMATION	AMOUNT (J\$)		
Standard: Offers up to 20% grant, \$5M in AD&D and \$100K Group Life coverage			
Premium: Offers up to 25% grant, \$5M in AD&D and \$500K Group Life coverage			
Platinum: Offers up to 30% grant, \$5M in AD&D and \$1M Group Life coverage			
Total Investment (J\$)			

OFFICAL USE ONLY

A/C #:	TOTAL AMOUNT:
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*Conditions apply. Please view our Offering Circular available on our website. Projected accumulated values are based on the assumption that the investment period is 18 years.