



CANCELLATION OF DEDUCTION FROM SALARY

POLICY NUMBER			
NAME OF EMPLOYER			
BUSINESS ADDRESS			
NAME OF EMPLOYEE		NRN #	
DEPARTMENT			
OCCUPATION			

I, hereby authorise the above-named employer to cancel as from the month of _____ 20 _____

the deduction of _____ dollars (\$ _____) made in favour of

RESOLUTION LIFE ASSURANCE COMPANY LTD. on my behalf.

Date _____

Signature

Witness to Signature

FOR OFFICIAL USE ONLY

