



STOP ORDER INSTRUCTION

Branch											
Representative Name						Representative Code	8				

Stop Order instruction														
Please note that we need fourteen (14) days' notice to change your payment method.							PERSAL CODE	0321						
Full name of authorised person														
ID number of authorised person											Monthly amount			
Employer name														
Employee code/Salary no						Pay day of the month?								
Pay station						Deduction start date	D	D	M	M	Y	Y	Y	Y
Policy or Membership Number														
<p>I hereby instruct my Employer to deduct monthly the premium from my salary and remit to Lombard Life Limited (FSP 11643) as per the details provided here.</p> <p>Should the premium be adjusted by Lombard Life Limited as a result of general increase or decrease in rates or should I request the insurer to increase or decrease my premium for certain reasons, I confirm that the adjusted premium may be deducted from my salary, unless such as I cannot this authorisation in writing.</p>														

Stop order payment authorisation		
Name of authorised person	Signature of authorised person	Date