






# SALARY DEDUCTION ORDER

**TATIL Life Assurance Limited**

P.O. Box 1004 | 11 Maraval Road, Port of Spain 190131, Trinidad and Tobago, W.I.  
 T: 868-62TATIL (628-2845) | E: life@tatil.co.tt | W: www.tatillife.co.tt   

TO: THE PAYROLL OFFICER FROM: \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
 DEPARTMENT: \_\_\_\_\_

**PLEASE CANCEL ANY PREVIOUS DEDUCTION ORDERS**

I hereby authorize you to deduct the sum of \_\_\_\_\_ dollar and \_\_\_\_\_ cents  
 from my salary each \_\_\_\_\_ and to pay same to **TATIL LIFE ASSURANCE LIMITED** on my behalf.  
 The first payment is in respect of my salary for the month of \_\_\_\_\_ 20\_\_\_\_\_

POLICY NUMBER	NAME	AMOUNT
In the even there is a difference of within one dollar in the amount calculated: I/we hereby authorize TATIL LIFE ASSURANCE LIMITED to make such adjustments in the block below	<b>TOTAL \$</b>	

\$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Agent's Name: \_\_\_\_\_ No: \_\_\_\_\_

