

VANGUARD LIFE ASSURANCE COMPANY LIMITED

SALARY STOP ORDER

1. POLICY NUMBER:
2. STOP ORDER CODE:
3. SURNAME:
4. OTHER NAMES:
5. SECTION CODE:
6. DEPARTMENT CODE:
7. EMPLOYEE NUMBER:
8. MINISTRY/DEPARTMENT:
9. TYPE OF DEDUCTION:
10. TO WHOM PAYABLE:
11. AMOUNT: K t
12. COMMENCEMENT DATE:
13. NEW/EXISTING DEDUCTION
14. This instruction is given on the understanding that neither I nor my heirs or assigns shall have any claim against my employers for damages in the event of payments herein stipulated not being made by the due date for any reason whatsoever, including negligence, it being further understood that my employers undertake this service purely on a non-committal and non-liability basis.

Date Signature

To

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