



GUARDIAN GROUP TRUST LIMITED EMPLOYEES' SAVINGS PLAN

Client #:

PRINT IN BLOCK LETTERS

Applicant's Name: Mr./Mrs./Ms. _____ Date: (DD/MM/YYYY): _____
 Address: _____
 Home Tel No: _____ Mobile Tel No: _____
 Primary Email Address: _____ Employee ID #: _____
 Alternative Email Address: _____
 Date of Birth (DD/MM/YYYY): _____ Identification #: _____
 Agent's Code: _____ Cheque #: _____
 Special Instructions: _____

ESP _____

FUND NAME	Class	TT\$	US\$	FOR OFFICIAL USE ONLY	
				Net Subscription	Distributions TICK ONE
TTD Monthly Income Fund	A				Cheque <input type="checkbox"/> Reinvest <input type="checkbox"/>
TOTAL					

PRINT APPLICANT'S NAME

APPLICANT'S SIGNATURE

DATE (DD/MM/YYYY)

FOR OFFICIAL USE ONLY

VERIFIED BY

SIGNATURE

DATE (DD/MM/YYYY)

APPROVED BY

SIGNATURE

DATE (DD/MM/YYYY)

AUTHORITY FOR SALARY DEDUCTION

To:

From:

Rank of Officer:

Department:

N.I.S. / Badge No.:

Sir,

Please deduct from my salary each month, the sum of

cents; and remit to

GUARDIAN GROUP TRUST LIMITED
 1 GUARDIAN DRIVE, WESTMOORINGS, 110612,
 TRINIDAD AND TOBAGO, W.I.
 PHONE: 868-632-6000 FAX: 868-633-9427
 GUARDIAN REGIONAL CENTRE, CHAGUANAS,
 GROUND FLOOR, LOTS 28 & 30 ENDEAVOUR
 INDUSTRIAL ESTATE.
 SSL BUILDING, COR. SUTTON & GOMEZ STREETS,
 SAN FERNANDO
 PHONE: 868-671-8322 FAX: 868-671-3838

The first payment is to be made in respect of my salary for the month of

Dated this day of day of
day month year

In the event that there is a difference within one dollar in the amount calculated, I hereby authorize Guardian Group Trust Limited to make such adjustment in the line 'Final Amount' below.

Signature:

\$ Final Amount \$.....

Dated this day of day of
day month year