



SALARY DEDUCTION FORM

Employee Savings Plan

PLEASE CANCEL ANY PREVIOUS DEDUCTIONS IN FAVOUR OF
GUARDIAN GROUP TRUST LIMITED

To Payroll Department

From/Client Name _____

Ministry/Company _____

Job Title _____

Address _____

Department _____

Employee ID _____

Please deduct from my salary every WEEK FORTNIGHT MONTH:

the sum of TTD _____ dollars and _____ cents and
similarly thereafter until further notice. \$

The first payment is to be made in respect of my salary beginning: _____ of _____
day month year

Please make cheques payable to **GUARDIAN GROUP TRUST LTD**, #1 Guardian Drive, Westmoorings
OR
Credit RBC Bank Limited, Independence Square, Port of Spain
Account Name: GAM - S1
Account Number: 1000-041-101-686-86

KINDLY QUOTE UNDERMENTIONED INFORMATION IN CORRESPONDENCE WHEN MAKING EACH PAYMENT

GGTL CLIENT ID NUMBER

NAME

AMOUNT (TTD)

--	--	--	--	--	--	--	--	--	--

\$ _____

Signature _____

Dated (DD/MM/YYYY) _____

Please stamp, sign and return duplicate copy of this form to Guardian Group Trust Ltd.:

1 Guardian Drive
Westmoorings
(868) 632 6000
gamclientservices@myguardiangroup.com

FOR OFFICIAL USE ONLY

Funds received: (D/M/Y) _____

Signature: _____

Account Manager Name: _____

Signature: _____