



NICO LIFE INSURANCE COMPANY LIMITED

STANDING ORDER

- 1. Policy No:.....
- 2. Surname:.....Maiden Name:.....
- 3. First Names:.....
- 4. Employee/Force No:.....
- 5. Section Code:.....
- 6. Department Code:.....
- 7. Station:.....
- 8. Employer:.....
- 9. Amount: K.....
- 10. Type of Deduction: Insurance Premium
- 11. To Whom Payable: Nico Life Insurance Company Limited
- 12. Commencement Date:.....

13. New deduction/replacement of existing deduction (delete where inapplicable).

14. This instruction is given on the strict understanding that neither I nor my heirs nor assigns shall have any claim against my employers for damages in the event of the payments herein stipulated not being made by the due date for the reason whatsoever, including negligence. It being further understood that the employer undertakes this service solely on a non-committal and non-liability basis.

Dated:.....

Signed:.....

To:

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NICO LIFE INSURANCE COMPANY LIMITED

STANDING ORDER
(PREMIUM INCREASE)

Policy

- 1. No:.....
- 2. Surname:.....Maiden Name:.....
- 3. First Names:.....
- 4. Employee/Force No:.....
- 5. Section Code:.....
- 6. Department Code:.....
- 7. Station.....
- 8. Employer:.....
- 9. **Percentage increase: 5% 10% 15% 20% 25% (Tick)**

Amount: OLD PREMIUM: K..... NEW PREMIUM: K.....

Type of Deduction: Increase in Insurance Premium

- 10. To Whom Payable: Nico Life Insurance Company Limited
- 11. Commencement Date:.....

12. This is a replacement of the existing deduction.

13. This instruction is given on the strict understanding that neither I nor my heirs nor assigns shall have any claim against my employers for damages in the event of the payments herein stipulated not being made by the due date for the reason whatsoever, including negligence. It being further understood that the employer undertakes this service solely on a non-committal and non-liability basis.

Signed:..... Dated:.....

To:
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