



**SAGICOR Life of the Cayman Islands**

P.O. BOX 1087, Grand Cayman KY1-1102, CAYMAN ISLANDS  
103 Harbour Place, S. Church Street  
345-949-8211 (Phone)  
345-949-8262 (Fax)

**Debit/Credit Card Authorization Form**

Client Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I \_\_\_\_\_ hereby authorize Sagicor Life of the Cayman Islands Ltd. to:

- Debit my US\$ credit card #: \_\_\_\_\_ Expiry: \_\_\_\_\_
- Debit my US\$ debit card #: \_\_\_\_\_ Expiry: \_\_\_\_\_
- Debit my CI\$ debit card #: \_\_\_\_\_ Expiry: \_\_\_\_\_

Visa     Mastercard                      Bank: \_\_\_\_\_

In the amount of US/CI \$ \_\_\_\_\_ representing payment of premiums on  
the abovementioned policy/policies beginning \_\_\_\_\_ and every month  quarter   
semi-annual  annual   
on the said date thereafter until otherwise advised in writing.

It is agreed that Sagicor Life of the Cayman Islands Ltd. will not be held liable for any losses or  
damages of any nature arising from the use of your debit/credit card for such transactions.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Confidential