



FHC RETIREMENT SCHEME

PENSION CONTRIBUTION DEDUCTION FORM

MAILING ADDRESS: FHC Retirement Scheme | 20 Dominica Drive | Kingston 5 | Tel: 876-908-1502/ 876-906-5317 | Email: fhc.investments@fhccu.com

MEMBER	NAME:	
	A/C #:	
	TRN:	

EMPLOYER	NAME:	
	ADDRESS:	
	TELEPHONE:	
	EMAIL:	

MEMBER CONTRIBUTION:	\$ _____	_____ %
EMPLOYER CONTRIBUTION:	\$ _____	_____ %
CONTRIBUTION REMITTANCE MODE:	CHEQUE <input type="checkbox"/> ELECTRONIC FUNDS TRANSFER <input type="checkbox"/> OTHER <input type="checkbox"/> <input type="checkbox"/> _____	
CONTRIBUTION REMITTANCE FREQUENCY:	MONTHLY <input type="checkbox"/> FORTNIGHTLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> OTHER <input type="checkbox"/> <input type="checkbox"/> _____	

<p>MEMBER DECLARATION</p> <p>I hereby authorize the employer to remit contributions on my behalf to the FHC Retirement Scheme as per information provided above.</p> <p>Member's Signature: _____ Date: _____</p> <p>Witness: _____ Date: _____</p>
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<p>EMPLOYER DECLARATION</p> <p>We acknowledge receipt of this completed deduction form and agree to remit the pension contributions to the FHC Retirement Scheme as per information provided above.</p> <p>Authorised Person Name: _____</p> <p>Authorised Person Job Title: _____</p> <p>Authorised Person Signature: _____ Date: _____</p>	<div style="border: 1px solid gray; padding: 20px; width: 150px; margin: auto;"> <p>COMPANY SEAL</p> </div>
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TO BE COMPLETED IN DUPLICATE

2021 Revision

Posted by: _____ Date: _____ Verified by: _____ Date: _____