

## PENSION CONTRIBUTION DEDUCTION FORM

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

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BE.	NAME:				
MEMBER	ACCOUNT #:				
	TRN:				
	NAME:				
EMPLOYER					
	ADDRESS:				
	TELEPHONE:				
	EMAIL:				
		_		ı	
MEMBER CONTRIBUTION:		\$	•		%
EMPLOYER		\$			%
CONTRIBUTION: CONTRIBUTION			· ı		
REMITTANCE <b>MODE</b>		CHEQUE	ELECTRONIC FUND TRANSFER	OT	HER
CONTRIBUTION REMITTANCE FREQUENCY		, MONTHLY	FORTNIGHTLY AN	NUALLY	OTHER
	MBER DECLARATION	014			
The					me as per information provided above:
I he	reby authorize the emp Member's Signat Witness Signatur	ure:	tributions on behalf of the FHC retire		Date:
<b>EM</b> I	Member's Signat Witness Signatur PLOYER DECLARA acknowledge receipt o	TION of this completed cetirement scheme		pension w.	Date:  Date:  I understand that FHC Investments Limited (FHC collects and processes the personal data herein to prov financial services, manage risks and comply with legal a regulatory obligations; to communicate with me a provide customer service, and to share information abour products, services and promotional activities. I furtunderstand that my personal data may be shared with our corporate structure which includes First Heritage Coperative Credit Union, its subsidiaries, associated a affiliated companies, as well as regulators and other third parties as defined in FHCIL's Privacy Notice. Details on how FHCIL processes personal information, who it is shared with, and data subject rights can be accessed at bit.ly/410PkiZ or by scanning the QR code. Get in touch with
<b>EM</b> I	Member's Signatur Witness Signatur PLOYER DECLARA acknowledge receipt of tributions to the FHC receipt of th	TION of this completed cetirement scheme	eduction form and agree to remit the as per the information provided belo  Authorised Person Job Tit	pension w.	Date:  Date:  I understand that FHC Investments Limited (FHC collects and processes the personal data herein to providinancial services, manage risks and comply with legal a regulatory obligations; to communicate with me a provide customer service, and to share information abour products, services and promotional activities. I furth understand that my personal data may be shared with our corporate structure which includes First Heritage Coperative Credit Union, its subsidiaries, associated a affiliated companies, as well as regulators and other third parties as defined in FHCL's Privacy Notice. Details on how FHCIL processes personal information, who it is shared with, and data subject rights can be accessed at bit.ly/41oPkiZ or by scanning

## 2024 Revision

Posted by:	Date:	Verified by:	Date: