

SOUTHERN CROSS

PAY DEDUCTION AUTHORITY FOR

T. R. T.

To Payroll Officer:

I hereby request that you deduct the sum below from my Wages or Salary each pay period until further notice and pay it, on behalf each month to the Southern Cross.

I further request that should you receive instructions from Southern Cross or GHIL to alter the deductions in any way that you accept this authorisation to do so.

Members on Plan Self..... Spouse..... Children.....

Plan chosen VIP

Deductions of \$.....

Per pay period... **Weekly / Monthly**

Date of Commencing pay period, (to start the policy).....

Actual date paid

Employee Name (Please print).....

Employee Signature.....