



*Looking After Life since 1847*  
A Member of the Guardian Holdings Group

Payor's Client Number																			
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# STOP PAYMENT AUTHORIZATION FORM

**To:** .....  
 .....  
 .....  
**From:** .....  
 .....  
*E-Mail:* .....  
 .....  
*Contact No:* .....

DETAILS OF POLICY(IES)			
Policy Number (s)	Name(s) of Person(s) Insured	Premium Amount	Loan Repayment

DETAILS OF MORTGAGE(S)			
Mortgage Account Number(s)	Name(s)	Mortgage Amount	Mortgage Amount

***Please tick the appropriate box(es) for the above policy numbers ONLY:***

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- Please cancel all **Standing Order** deductions from my account for credit of **GUARDIAN LIFE OF THE CARIBBEAN LIMITED**, with immediate effect.
- Please cancel all **Salary Deductions** for credit of **GUARDIAN LIFE OF THE CARIBBEAN LIMITED**, with immediate effect.
- Please return to me all **Post Dated Cheques** payable to **GUARDIAN LIFE OF THE CARIBBEAN LIMITED**, with immediate effect.
- Please cancel all **Direct Debit** payable to **GUARDIAN LIFE OF THE CARIBBEAN LIMITED**, with immediate effect.

Signature (1): .....  
 Signature (2): .....  
 Dated: ..... (Day/Month/Year)