PENSION CONTRIBUTION DEDUCTION FORM

- F H C

PENSION G

TIREMENT

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

SCHEME

MEMBER	NAME:	
	ACCOUNT #:	
	TRN:	

EMPLOYER	NAME:	
	ADDRESS:	
	TELEPHONE:	
	EMAIL:	

MEMBER	¢	0/
CONTRIBUTION:	\$·	%
EMPLOYER	¢	0/
CONTRIBUTION:	\$·	%
CONTRIBUTION	CHEQUE ELECTRONIC FUND TRANSFER	OTHER
REMITTANCE MODE		
CONTRIBUTION		
REMITTANCE FREQUENCY		

MEMBER DECLARATION

I hereby authorize the employer to remit contributions on behalf of the FHC retirement scheme as per information provided above:

Member's Signature:

Date:_____

Witness Signature:

D-	ate	••	
Dc	ilt		

EMPLOYER DECLARATION I understand that FHC Investments Limited (FHCIL) collects and processes the personal data herein to provide financial services, manage risks and comply with legal and regulatory obligations; to communicate with me and We acknowledge receipt of this completed deduction form and agree to remit the pension provide customer service, and to share information about contributions to the FHC retirement scheme as per the information provided below. our products, services and promotional activities. I further understand that my personal data may be shared within our corporate structure which includes First Heritage Co-operative Credit Union, its subsidiaries, associated and affiliated companies, as well as Authorised Person Job Title **Authorised Person Name** 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 **Authorised Signature** bit.ly/41oPkiZ or by scanning the QR code. Get in touch with any concerns or queries at DPA@fhccu.com. FHCIL Privacy Not Date

2024 Revision

TO BE COMPLETED IN DUPLICATE

Posted by: _____ Date: _____

_____ Verified by: _____