



**AIICO INSURANCE STAFF
COOPERATIVE MULTIPURPOSE
SOCIETY LIMITED
{LSCS 7989}**

SAVINGS CONTRIBUTION FORM

INCREASE **DECREASE** **TARGET**

NAME (Surname First): _____ EXT: _____

Department/Branch: _____ Staff No.: _____

MONTHLY CONTRIBUTION ADJUSTMENT

Amount of Increase/Decrease: ₦ _____ Old Amount: ₦ _____

New Amount ₦: _____ withdrawable on resignation from the Society.

Monthly Savings - Compulsory (₦10,000.00 Min.)

TARGET SAVINGS

Targeted Amount: ₦ _____ Commencement date: _____

Maturity Date: _____

I _____ hereby authorize the Payroll Section of AIICO Insurance Plc to deduct the amount indicated above from my monthly salary and pay same to the account of AIICO Insurance Staff Cooperative Multipurpose Society Limited

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Checked By: _____ Approved By: _____
Signature & Date Signature & Date

Date of Commencement (Month & Year only): _____