

.....
DATE (DD/MM/YYYY)

.....
EMPLOYER'S NAME

.....
EMPLOYER'S ADDRESS

.....

Dear Sir/Madam

**Re: SALARY DEDUCTION AUTHORIZATION FOR
PROVEN ROCK APPROVED RETIREMENT SCHEME**

This is my authorization for the monthly deduction of
from my salary before statutory deductions. This amount represents contributions to
my PROVEN ROCK Approved Retirement Scheme account, and should be remitted
to PROVEN Wealth Limited each month via direct credit to:

BANK NAME	BRANCH	ACCOUNT #
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Deductions from my salary are to commence in the month of _____ 20__ .

Member's Full Name	Member's Account #	Application Date
	TRN	MONTH & YEAR

Sincerely,

.....
MEMBER'S SIGNATURE



SALARY DEDUCTION AUTHORIZATION