

PART A: PERSONAL DETAILS

POLICY NO: _____ LIFE INSURED _____
OWNER/PAYEE: _____ TRN: _____

PART A: CLIENT INFORMATION UPDATE

Jamaican Resident Yes No Country of Residency if Non-Resident _____ Since ___/___/___ (dd/mm/yy)
Country of Citizenship _____
Are you a citizen of any other Country? Yes No If yes, please state Country(ies) _____
Are you a U.S. Green Card holder? Yes No
If yes, please provide Tax Payer Identification No. _____
Telephone #: (H) _____ (W) _____ (M) _____ E-mail address: _____
Have you changed your address recently? Yes No If Yes, state new mailing address _____

The undersigned hereby surrender the above mentioned policy and hereby request payment of the cash surrender value less any amount of indebtedness to the Company with respect thereto.

The undersigned hereby warrant that no other person or corporation has any interest in or claim to the said policy or the proceeds thereof and that each person joining with the Assured in the completion of this form is at least 18 years of age.

The undersigned acknowledged that it is fully understood that this document when signed operates to cancel the above numbered policy and all the benefits thereunder except only the right to receive the payment requested above.

I/We the beneficiary(ies) and owner under this policy hereby authorize the Company to credit surrender proceeds under the policy as instructed by the owner/assignee.

Kindly indicate if payment should be made via ELECTRONIC FUND TRANSFER SERVICE Yes [] No []. IF yes, provide information below

BANKING INFORMATION:

BANK: _____ BRANCH (where account was opened): _____
ACCOUNT NUMBER _____ ACCOUNT TYPE: Savings [] Current []
ACCOUNT NAME: _____

TRANSFER DETAILS

POLICY #	AMOUNT	ACCOUNT

Dated at _____ this _____ day _____ 20_____

Signature as on ID presented (Assured/Owner)

Signature (Witness) JP/Notary Public

Signature as on ID presented (Beneficiary/Trustee/Assignee)

Signature (Witness) JP/Notary Public

Signature as on ID presented (Beneficiary/Trustee/Assignee)

Signature (Witness) JP/Notary Public

HEAD OFFICE USE ONLY: Disbursement Reference No: _____ Disbursement Amount: _____

Prepared by: _____ Authorized by: _____ Verified by: _____



FOR HEAD OFFICE USE ONLY

POLICY DISBURSEMENT CHECKLIST AND CHEQUE REQUISITION

POLICY NO. _____
PAYEE _____

Policyowner Present Tick where appropriate

I.D. used Driver's License No _____

 Passport No _____
 National I.D. No _____
 Date of Birth Verified Yes [] No []
 Policy document attached Yes [] No []

Policyowner Not Present

I.D. Other than the above (give details) _____

Signature Verified []

Preferred Beneficiary (of legal age)

Signature Verified []

Policy Assigned

Assignee's seal affixed []

Prepared By: (PRINT NAME) _____

Date: _____

SURRENDER WORKSHEET			
STATUS		SURR-CHARGES	
DATE PAID TO		CASH VALUE	
BILLABLE PREMIUM		DISB/PREM-SUSP	
BASE-CSV			
DIVIDEND / PUA			
PDF			
LOAN			
APL		TOTAL SURRENDER PROCEEDS	\$

INSTRUCTIONS FOR THE COMPLETION OF FORM

- Signature of Insured/Owner can be witnessed either by a Justice of the Peace, Notary Public, Agent or Authorized Member of the Administrative staff of Sagicor Life Jamaica Limited
- Beneficiary Rules** – these rules are applicable to policies issued prior to August 1995 and for beneficiaries named ‘Irrevocable’ after August 1995
 - Beneficiary’s signature must be witnessed by a Justice of the Peace/Notary Public or an agent or authorized member of the administrative staff of Sagicor Life Jamaica Limited
 - Proof of Age is required where a child/children are designated beneficiaries irrespective of whether child/children are 19 years and over
- Where the policy is assigned, the assignee must sign the form and have signature’s witness.
- Where the Owner or Assignee is a Company this document should carry the signature of two signing officers over the Company’s seal/stamp

Reason for Surrender: *Financial* [] *Advisor Service* [] *Fund Performance* [] *Unrecoverable* [] *Replacement* []

Other: _____

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