



A Member of the Sagicor Group

Employee Benefits Administrator Limited

28-48 Barbados Avenue, Kingston 5, Jamaica, WI
Phone: (867) 929 8920-9 Fax: (876) 960 1926

PLEASE TYPE OR WRITE IN BLOCKED CAPITALS

APPOINTMENT OF BENEFICIARY FOR PENSIONERS

(Employee Benefit Plans Only)

Employer / Company Name: _____

Policy Number: _____

Member Name: _____

Member Key: _____

I hereby revoke all appointments/ designations or settlement elections heretofore made by me and do hereby declare and direct that all proceeds, payments or benefits which become due on or after my death shall be paid to and be the benefit of:-

Full Name: _____

Date of Birth: _____

Relationship: _____

Telephone: _____

Address: _____

Dated _____ This _____ Day of _____

Signature & stamp of Witness

Signature of Member

INSTRUCTIONS TO REMEMBER

1. Make sure this form as completed accomplishes your purpose. Employee Benefits Administrator Limited assumes no responsibility for its validity or sufficiency
2. Complete in duplicate. This form is to be signed and stamped by either a Justice of the Peace, a Minister of Religion, Notary Public, a Police Officer or a Sagicor Agent. When recorded, one will be returned to you for your records.

It is advisable to occasionally review the beneficiary you have appointed and contact us should the above address or telephone number change..