



# AUTHORIZATION FOR THE AMENDMENT OF AN APPLICATION FOR INSURANCE

Applicant/Owner:
Life to be Insured:
Policy Number(s):
Application Dated:

I/We named above agree to amend an application for insurance made to Sagicor Life Inc as set out below:

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The above amendments are to form part of my application for insurance with Sagicor Life Inc and this document, along with the said application are to be taken as a whole and considered as the basis of the contract.

I/We reiterate that the above particulars, along with those stated in the said application for insurance are fully and truly stated.

Dated at.....this .....day of.....20 .....

.....  
Signature of Applicant/Owner  
(If other than Proposed Insured)

.....  
Signature of Proposed Insured

.....  
Witness  
(Agent)

