



APPLICATION FOR SURRENDER

POLICY NUMBER	LIFE INSURED		
POLICYOWNER (if other than Life Insured)			
TELEPHONE NUMBER	FAX NUMBER		
E-MAIL ADDRESS	NATIONAL REGISTRATION NUMBER	DOB VERIFIED Yes No	
REMARKS & SPECIAL INSTRUCTIONS			

The undersigned hereby request to terminate this policy as of the date of this document and to issue a cheque for the net cash surrender value payable to the persons entitled thereto and to deliver the cheque to any one of them.

The undersigned hereby declare that all parties signing this document are of the full age required by Law to validly surrender this policy, and that no other person has any interest therein.

The undersigned hereby discharge Sagicor Life Inc from all liability under this policy except for payment of the surrender value as provided by the terms of the policy, and do hereby indemnify and save Sagicor Life Inc harmless from any other claims which may arise thereunder.

Dated at _____ this _____ day of _____, _____

_____ Witness Signature	_____ Witness Name (Block Letters)	_____ Policyowner
_____ Witness Signature	_____ Witness Name (Block Letters)	_____ Beneficiary
_____ Witness Signature	_____ Witness Name (Block Letters)	_____ Assignee

Dear Policyholder

As a valued policyholder with Sagicor Life Inc you have:

- Life insurance coverage
- Collateral coverage
- Savings for the future
- Provided for loved ones

Most importantly, you have alternative options:

- Policy loan provisions
- Reduced insurance coverage/premium

Surrendering your policy may be easy and uncomplicated but we at Sagicor Life Inc wish to encourage you to discuss this most important decision with your Sales Representative or a Customer Service Representative.

We have highlighted the benefits of your life insurance to you. Don't lose it! Think again!

Should you require any further information, please call us at telephone number (246) 467-7500 or write to us at Sagicor Life Inc, Sagicor Financial Centre, Lower Collymore Rock, St. Michael, Barbados.

Prepared by





CONSERVATION QUESTIONNAIRE

Date: _____ Policy Number/s: _____
 Policy Owner: _____ Life Assured: _____
 Agent: _____ Agency: _____
 Current Address: _____ Tel: _____

QUESTIONS

1. Do you have any other insurance coverage with us or otherwise? If yes, how much?

2. Why are you surrendering your policy/policies?

3. Have you discussed this surrender with your agent? Yes No
 Comments? _____

4. Is it your intention to replace this policy with another insurance policy? Yes No
 If yes, have you discussed all the implications of replacing this policy with your Advisor and have you signed the Replacement Disclosure Form? Yes No
5. Are you satisfied with the service rendered by
 Your Agent: Yes No The Company: Yes No
 If No, state reasons

6. How are your premiums being paid?
 Bankers Order Salary Deduction Cash/Cheque Direct Debit
N.B. If via Bankers Order/Salary Deduction, please note Cancellation Form must be submitted
7. Contact No: _____ Any Other Details: _____

FOR OFFICIAL USE ONLY

Saved Surrendered

Options Provided to Client: _____

 Interviewer

 Manager

