



POLICY PAYOUT FORM

REGION: CAYMAN JAMAICA Date : / / 20 (dd/mm/yy)

PART A: PERSONAL DETAILS

POLICY NO: LIFE INSURED: OWNER:
ASSIGNEE: TRN:
Plan Name:

PART B: CLIENT INFORMATION UPDATE

RESIDENCY? CAYMAN / JAMAICA 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 to any of the above, please complete FATCA form and provide Tax Payer Identification No.
Business No: () Cell. No: () Home No: () Email Address:

PART C: DISBURSEMENT DETAILS

POLICY PAYOUT: MATURITY PROCEEDS: REFUND: TRANSFER:
KINDLY INDICATE THE METHOD OF DISBURSEMENT: ELECTRONIC FUNDS TRANSFERS (EFT): CHEQUE: DRAFT:

IF DRAFT PLEASE PROVIDE MAILING ADDRESS :

TRANSFER DETAILS

POLICY NUMBER	AMOUNT

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PART D: BANKING INFORMATION

NOTE: Proof of banking information MUST be attached.

BANK: BRANCH / ADDRESS (where account was opened):
ACCOUNT NUMBER: SWIFT CODE: ROUTING #:
ACCOUNT TYPE: SAVINGS CHEQUING / CURRENT ACCOUNT NAME:

SIGNATURE (OWNER)

SIGNATURE (WITNESS)

ELECTRONIC FUND TRANSFER DISCLAIMER:

I acknowledge that I am solely responsible for the completeness and accuracy of the banking information provided by me to Sagicor Life. I understand and agree that Sagicor shall not be responsible for any erroneous data provided which may result in funds being credited to an incorrect account and any charges with the recovery of any such funds by the bank, shall be debited from the fund value.

E: FOR INTERNAL USE ONLY

ID Used: Driver's License No. Passport No. National ID No. JCF/JDF ID No. Expiry date: / / 20
Policy Contract / Declaration of Lost Document attached Yes No
Disbursement Reference Number:
Sum Insured: Cash Value: Loyalty Bonus:
Premium Suspense:

Prepared by (Print Name)/Date

Authorized by (Print Name & Signature)/Date

Cheque verified by (Print Name & Signature)/Date

