



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) Business No: Cell. No: Home No: Email Address:

Politically Exposed Persons:

Are you or any of your immediate family members (parents, siblings, spouse, children or in-laws) a current or former senior official in the military, executive, legislative or administrative arms of government or judiciary of your country of residence or a foreign government or a senior officer of a foreign political party or a senior executive of an enterprise owned by your country of residence or a foreign government? YES NO If yes, kindly complete the Politically Exposed Persons (PEPs) Profile

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 as on ID presented (Owner)

Signature (Witness) Staff or JP / Notary Public (incl. Name & Parish/State)

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.

PART E: SIGNATURE / CONFIRMATION

Dated at this day of 20

Signature as on ID presented (Assured/Owner)

Signature (Witness) Staff or JP/Notary Public (incl. Name & Parish/State)

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

Signature (Witness) Staff or JP/Notary Public (incl. Name & Parish/State)

PART F: 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 Suspende:

Prepared by (Print Name)/Date

Authorized/Verified by (Print Name & Signature)/Date

Cheque verified by (Print Name & Signature)/Date

