

REGION: CAYMAN JAMAICA

INSTRUCTIONS FOR THE COMPLETION OF FORM

1. Signature of Insured/Owner can be witnessed either by a Justice of the Peace, Notary Public, Agent or Authorized Member of the Administrative staff of Sagicor Life.
2. Where the policy is assigned, the assignee must sign the form and have signature witness.
3. Where the Owner or Assignee is a Company this document should carry the signature of two signing officers over the Company's Seal / stamp.
4. If the policy owner is unable to read or write by reason of illiteracy or some physical impairment, the contents of the document must be read over and explained before their normal signature or mark is placed on the document. The marksman signature or mark must be witnessed by a Justice of the Peace or Notary Public.

PART A: PERSONAL DETAILS

POLICY NO: _____ LIFE INSURED: _____ OWNER: _____
 ASSIGNEE: _____ TRN: _____

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: _____
 Have you changed your residential or mailing address recently? Yes No If yes, please state your new address. **NOTE:** Proof of address must be attached.

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

NOTE:

The undersigned hereby terminates the above mentioned policy and hereby request payment of the proceeds less any amount of indebtedness to the Company with respect there to.
 The undersigned hereby warrant that no other person or corporation has any interest in or claim to the said policy or the proceeds thereof and that each person joining with the Assured in the completion of this form is at least 18 years of age.
 The undersigned acknowledged that it is fully understood that this document when signed operates to cancel the above numbered policy and all the benefits thereunder except only the right to receive the payment requested above.
 I/We the beneficiary(ies) and owner under this policy hereby authorize the Company to credit the surrender/maturity proceeds under the policy as instructed by the owner/assignee.

PART C: TRANSFER DETAILS

POLICY NUMBER	AMOUNT	POLICY NUMBER	AMOUNT

PART D: 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)

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

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



PART E: ELECTRONIC FUND TRANSFER/WIRE TRANSFER

BANKING INFORMATION | **NOTE:** Proof of banking information MUST be attached.

KINDLY INDICATE THE METHOD OF DISBURSEMENT: ELECTRONIC FUNDS TRANSFERS (EFT) CHEQUE DRAFT .

BANK: _____ BRANCH / ADDRESS (where account was opened): _____

ACCOUNT NUMBER: _____ SWIFT CODE: _____ ROUTING#: _____

ACCOUNT TYPE: Savings Current ACCOUNT NAME: _____

SIGNATURE (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.

IF DRAFT PLEASE PROVIDE MAILING ADDRESS _____

PART F: REASON FOR SURRENDER

Reason for Surrender: Financial Advisor's Service Fund Performance Unrecoverable Replacement

Other _____

Signature of Policy owner _____

Signature of Financial Advisor/CSR _____

Signature of Manager _____

FOR INTERNAL USE ONLY

POLICY DISBURSEMENT CHECKLIST AND CHEQUE REQUISITION

POLICY NO : _____

PAYEE: _____

Policyowner Present Tick where appropriate

I.D. used Driver's License No _____

Passport No _____

National ID. No _____

Date of Birth Verified Yes No

Policy document attached Yes No

Policy owner Not Present

I.D. Other than the above (give details) _____

Signature Verified

Preferred Beneficiary (of legal age)

Signature Verified

Policy Assigned

Assignee's seal affixed

Prepared By: (PRINT NAME) _____

Date: _____

TERMINATION WORKSHEET			
STATUS		SURR-CHARGES	
DATE PAID TO		CASH VALUE	
BILLABLE PREMIUM		DISB/PREM-SUSP	
BASE-CSV		SUM INSURED	
DIVIDEND / PUA			
PDF			
LOAN			
APL		TOTAL PROCEEDS	\$

HEAD OFFICE USE ONLY: Disbursement Reference No: _____ Disbursement Amount: _____

Prepared by: _____ Authorized/Verified by: _____ Cheque Verified by: _____