CLAIMANT'S STATEMENT

Name of deceased in full: _____

a. Residence of deceased: _____

_____

b. Country: _____ Duration of residence in such country: _____

1. Date of Birth: _____ Date of Death: _____

2. Occupation at the time of death: _____

3. Was deceased: Married ☐ Single ☐ Widowed ☐ Divorced ☐

4. a. When did deceased first complain of not being in usual good health? _____

b. State all facts within your knowledge regarding the cause and circumstances of death: _____

_____

_____

_____

6. Give name and address of all Physicians who attended deceased during last 3 years:

NAMES	ADDRESSES	DATES OF ATTENDANCE	DISEASE OR CONDITION

7. Policies under which you are claiming:

POLICY NUMBER	AMOUNT	POLICY NUMBER	AMOUNT

Sagicor

8. Name of Claimant in full: _____

Address of Claimant: _____

_____ Telephone No: (___)_____(___)_____

Taxpayer Registration Number (TRN): _____ Country of Citizenship: _____

Country of Residency if Non-Resident: _____ Since___/___/___(dd/mm/yy)

Are you a U.S. Green Card Holder? Yes ☐ No ☐

Are you a citizen of any other Country? Yes ☐ No ☐ If yes, please state Country(ies): _____

* If you are a United States Citizen or Resident, please complete Self-Certification form.

9. In what capacity are you claiming: Beneficiary ☐ Trustee ☐ Executor ☐ Assignee ☐ Other ☐_____

a. Are you legally entitled to receive the entire proceeds? Yes ☐ No ☐

10. If optional settlement is available and you do not desire payment in one sum, state type of settlement desired: _____

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**.

Sharing of Information:

(1) I understand and agree that the information I provide in this form and from time to time, including information regarding my accounts and business transactions with you (Customer Information) may be used for the following purposes: to confirm my identity, to augment and update currently held information, to provide me with accurate and up-to-date services, to manage and assess the company's risks, to satisfy information requests, and to meet legal and regulatory requirement.

(2) I further understand and agree that my Customer Information may be shared within the Company which includes its parent, subsidiaries, associated companies and affiliates, with third party service providers, credit bureaus and Regulators in and outside of the jurisdictions in which Sagicor does business for the purposes above and as may be required by law. I hereby warrant that the information provided herein is accurate and consent to the sharing and disclosure of my Customer Information for the purposes provided herein and as Sagicor may require from time to time.

Authorization:

I _____of _____

_____hereby certify that the above answers are full and true to the best of my knowledge and belief.

I hereby authorize and direct every person or institution of any nature whatsoever and without limiting the generality of the foregoing, any physician, hospital or government agency, to disclose fully to Sagicor Life Jamaica Limited or its duly authorized representative, all information in their possession or within their knowledge respecting _____, deceased or respecting the health and medical history, and to honor a photographic copy of this authorization, and this shall constitute full and sufficient authority for so doing.

Claim Fraud Warning:

I declare that the answers given above are complete and true and I understand that any false and or incomplete statement may result in the invalidity of this claim.

Dated at _____this_____day of _____20_____

_____ _____

Signature as on ID presented /Mark of Claimant Signature (Witness) Staff/Justice of the Peace/Notary Public

Note: The Company reserves the right to ask for other information if it is deemed necessary. All expenses incurred in connection with furnishing the necessary proofs of death, age and title are the responsibility of the claimant.