

Policy Number: _____

Full Name of Owner/Insured: _____

Address: _____

Please indicate the box applicable to you with a 'X'.

☐ REMOVAL OF TRUSTEE

I, _____ being the Owner/Insured of the abovementioned policy hereby revoke all previous designation(s) of Trustee to receive policy proceeds on behalf of my named beneficiary(ies) under the aforesaid policy.

☐ APPOINTMENT OF TRUSTEE

I, _____ being the Owner/Insured of the abovementioned policy do hereby declare and direct that all sums of money falling due thereunder on or after the death of the Owner/Insured shall be paid to the under-mentioned appointed Trustee(s) on behalf of the named beneficiary(ies).

Full Name of Trustee(s)	Named Beneficiary(ies)	Relationship to Beneficiary(ies)	Date of Birth (dd/mm/yy)	Address	Contact # & Email Address

The duties of the Trustee(s) shall cease and the policy directly vested in the beneficiary(ies) on the attainment of age:

18 [] 21 [] 25 []

Dated at _____ this _____ day of _____ 20 _____

Signature of Owner/Insured

Signature (Witness) Justice of the Peace/Notary Public

Signature of Trustee (if Beneficiary is Irrevocable)

Signature (Witness) Justice of the Peace/Notary Public

Signature of Assignee

Signature (Witness) Justice of the Peace/Notary Public

THIS FORM MUST BE DEPOSITED TO THE COMPANY'S HEAD OFFICE DURING THE LIFETIME OF THE INSURED TO BE EFFECTIVE.

Make sure this form, as completed, accomplishes your purposes. Sagicor Life Jamaica Limited assumes no responsibility for the validity or sufficiency.

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