



DIRECTION TO PAY

Re: Policy _____, on the life of _____

THE UNDERSIGNED _____ in the capacity of _____

STATE WHETHER INSURED, BENEFICIARY, ASSIGNEE, EXECUTOR OF THE ESTATE OF _____, ETC.

hereby orders and directs Sagicor Life Inc. to pay to the order of _____
the funds being withdrawn from the above numbered policy.

and the undersigned hereby declares that this order and direction is full and complete and that no other person has authority in respect of the disposition of this payment.

ADDRESS

ADDRESS

On this _____ day of _____, _____, personally appeared before me the above named

NAME OF DEPONENT _____

to me known and known to me to be the person described in and who executed the foregoing instrument and acknowledged that the above named person(s) executed the same, and that the facts herein stated are true to the best of my knowledge and belief.

A NOTARY PUBLIC

The affidavit may be completed before a Notary Public, Commissioner or Justice of the Peace.