



STATUS CHANGE FORM
Pension Services Department

NAME OF COMPANY:		POLICY NUMBER:	
MEMBER INFORMATION			
NAME:		CERTIFICATE NUMBER:	
ADDRESS:			
TELEPHONE NO: (HOME)	CELL NO:	EMAIL ADDRESS:	
NATIONAL REGISTRATION NUMBER:	NIS NUMBER:	TAMIS NUMBER:	
NAME OF SPOUSE (IF APPLICABLE):		DATE OF BIRTH OF SPOUSE:	
CHANGE STATUS			
REASON FOR CHANGE: (TICK ONE)	Late Retirement	Resignation	Termination
	Early Retirement	Death	Disability
	Other _____		Normal Retirement
			Transfer
EFFECTIVE DATE OF CHANGE:		DATE OF LAST DEDUCTION FROM MEMBER'S SALARY:	
AMOUNT OF LAST DEDUCTION FROM MEMBER'S SALARY (\$):		SEVERANCE PAYMENT (IF APPLICABLE) (\$):	
WAS LAST DEDUCTION SENT TO INSURANCE COMPANY?	Yes	No	

REMARKS _____

Signature of Authorized Official

Company Stamp

Date

Send one copy to Sagicor and retain a copy at the point of origin

FOR THE INSURANCE COMPANY USE ONLY			
GROSS REFUND:	\$ _____	DATE OF OPTION LETTER:	_____
LESS TAX:	\$ _____	INLAND REVENUE APPROVAL:	_____
NET REFUND:	\$ _____	CHEQUE PAID TO:	_____
YEARS OF SERVICE:	_____	CHEQUE AMOUNT:	_____
VESTED:	Yes No		
_____ _____ _____			