



(TO BE COMPLETED BY ADVISOR)

DETAILS OF CHANGE	
Client's Full Name:	
Policy Number(s):	
Home Address:	
Telephone Number (h):	Telephone Number (w):
Cellular:	E-mail:
Existing Advisor:	
New Advisor:	New Advisor Number:
Reason for Change: <input type="checkbox"/> Existing Advisor is no longer with Sagicor Life Inc <input type="checkbox"/> Client requested change <input type="checkbox"/> Existing Advisor requested change <i>If Client or Existing Advisor requested change, please provide specific reasons for the request.</i> _____ _____ _____	Documents Accompanying Change of Advisor Form: <input type="checkbox"/> Age Admittance _____ <input type="checkbox"/> Application(s) _____ <input type="checkbox"/> Other _____

(TO BE COMPLETED BY CLIENT)

SERVICE REVIEW ASSESSMENT		
Date of Interview (day/month/year):	Type of Interview:	
	<input type="checkbox"/> Personal Interview	<input type="checkbox"/> Telephone Interview
1.	Do you have other business with Sagicor Life Inc or the Sagicor Group of Companies? _____	
2.	Do you need any additional information on Sagicor Life Inc or its products/services? _____	
3.	Has the new Advisor reviewed your insurance and investment needs? _____	
4.	Are you satisfied with the new Advisor? _____	
5.	Is there another Advisor at Sagicor Life Inc who you would prefer to be your Service Advisor? _____	
6.	Are there any additional comments that you would like to make? _____ _____ _____	

Client's Signature

Date

New Advisor's Signature

Date

Existing Advisor's Signature

Date

Existing Manager's Signature

Date

New Manager's Signature

Date

