



POLICY CHANGE FORM

ADVISOR: _____	ADVISOR CODE : _____	POLICY NO: _____
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POLICYOWNER:

 First Name Middle Name Last Name Title Date of Birth(dd/mm/yy)

 Current address: City/Town Parish/State Country

 Telephone # Home _____ Mobile _____ E-mail address _____

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

Type of change: PREMIUM MODE APIP (INVESTMENT PREMIUM) Issue Age OTHER

Request is hereby made for the under-mentioned change:

SUBJECT OF CHANGE	FROM	TO	Policy PTD	Effective Date
Premium Frequency				
APIP (Investment Premium)				
Issue Age (Evidence of Age required)				
Inflation Linking/Indexation				
Other				

METHOD OF PAYMENT:

- Salary Deduction – Name of Company: _____ Co-op PTD: _____
- Pre-authorized Payment System
- Direct Payment

Signed at on the day of 20.....

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 Signature of Life Insured /Owner

.....
 Witness

Sagicor Life Jamaica Limited, R. Danny Williams Building, 28-48 Barbados Avenue, P O Box 439, Kingston 5.
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