



DECLARATION FOR APPOINTMENT OR CHANGE OF BENEFICIARY

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| Would you like the Policy Endorsement to be Emailed? <input type="checkbox"/> Yes, Email address: _____ <input type="checkbox"/> No |
|---|

Policy Number _____

I, _____ of _____ being the Owner/Insured of the abovementioned policy do hereby revoke all previous designations or appointments of beneficiary and do hereby declare and direct that all sums of money falling due thereunder on or after my death shall be paid to and for the benefit of:

PLEASE PRINT

| FULL NAME | RELATIONSHIP | DATE OF BIRTH (dd/mm/yy) | ADDRESS | “I” OR “R” | % SHARE | **VESTED AGE |
|-----------|--------------|-----------------------------|---------|-----------------------------------|---------|--------------|
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| TRUSTEE: | | | | *R - Revocable I - Irrevocable | | |

If beneficiary is a minor or suffers some legal incapacity, a Trustee should be appointed to act on behalf of the beneficiary(ies).

**Please state whether beneficiary (ies) is/are irrevocable or revocable. This is applicable to policies issued after August 21, 1995. If no election is made the appointment is deemed revocable.*

***For minors, please state whether or not the duties of the Trustee shall cease and the policy becomes directly vested in the Beneficiary on the attainment of age 18 years, 21 years or 25 years*

Dated atthisday of20.....

.....
Signature of Owner/Insured

.....
Signature (Witness) Justice of the Peace/Notary Public

.....
Signature of Assignee

.....
Signature (Witness) Justice of the Peace/Notary Public

I/We hereby agree to the change of beneficiary on the above policy and also agree to relinquish all rights and privileges previously held by me/us on the said policy.

.....
Irrevocable Beneficiary (Name: _____)

.....
Justice of the Peace/Notary Public

.....
Irrevocable Beneficiary (Name: _____)

.....
Justice of the Peace/Notary Public

.....
Irrevocable Beneficiary (Name: _____)

.....
Justice of the Peace/Notary Public

THIS FORM MUST BE DEPOSITED AT 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.*
- *If this policy provides dependent benefits and you are appointing your spouse, please indicate date of marriage.*

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

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