



# DECLARATION FOR APPOINTMENT OR CHANGE OF TRUSTEE

Would you like the Policy Endorsement to be Emailed?  Yes, Email address: \_\_\_\_\_  No

Policy Number: \_\_\_\_\_  
Full Name of Owner/Insured: \_\_\_\_\_  
Address: \_\_\_\_\_

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

REMOVAL OF TRUSTEE

I, \_\_\_\_\_ being the Owner/Insured of the abovementioned policy hereby revoke all previous designation of Trustee to receive policy proceeds on behalf of my named beneficiary(ies) under the aforesaid policy.

APPOINTMENT OF TRUSTEE

I, \_\_\_\_\_ being the Owner/Insured of the abovementioned policy do hereby declare and direct that all sums of money falling due thereunder on or after the death of the Owner/Insured shall be paid to the under-mentioned appointed Trustee(s) on behalf of the named beneficiary(ies)

Full Name	Relationship to Beneficiary(ies)	Date of Birth	Address

The duties of the trustee(s) shall cease and the policy become directly vested in the beneficiary(ies) on the attainment of age :  
18 [ ] 21 [ ] 25 [ ]

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner/Insured

\_\_\_\_\_  
Signature (Witness) Justice of the Peace/Notary Public

\_\_\_\_\_  
Signature of Trustee (if Beneficiary is Irrevocable)

\_\_\_\_\_  
Signature (Witness) Justice of the Peace/Notary Public

\_\_\_\_\_  
Signature of Assignee

\_\_\_\_\_  
Signature (Witness) 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 is completed, accomplishes your purposes. Sagicor Life Jamaica Limited assumes no responsibility for the validity or sufficiency*

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