



REGION: **CAYMAN** **JAMAICA**

PART A: PERSONAL DETAILS

POLICY NO: _____ LIFE INSURED: _____ OWNER: _____
 ASSIGNEE: _____ TRN: _____

PART B: CLIENT INFORMATION UPDATE

RESIDENCY? CAYMAN / JAMAICA Country of Residency if Non-Resident _____ Since ___/___/___ (dd/mm/yy)
 Country of Citizenship _____ Are you a citizen of any other Country? Yes No If yes, please state Country(ies) _____
 Are you a U.S. Green Card holder? Yes No
 If yes to any of the above, please complete FATCA form and provide Tax Payer Identification No. _____
 Business No: (_____) _____ Cell. No: (_____) _____ Home No: (_____) _____ Email Address: _____
 Have you changed your residential or mailing address recently? Yes No If yes, please state your new address. **NOTE:** Proof of address must be attached.

Politically Exposed Persons:

Are you or any of your immediate family members (parents, siblings, spouse, children or in-laws) a current or former senior official in the military, executive, legislative or administrative arms of government or judiciary of your country of residence or a foreign government or a senior officer of a foreign political party or a senior executive of an enterprise owned by your country of residence or a foreign government? YES NO **If yes, kindly complete the Politically Exposed Persons (PEPs) Profile**

AUTHORIZATION FOR SHARING INFORMATION

I understand and agree that the information I provide in this form and from time to time, including information regarding my accounts and business transactions with you (Customer Information) may be used for the following purposes: to confirm my identity, to augment and update currently held information, to provide me with accurate and up-to-date services, to manage and assess the company's risks, to satisfy information requests, and to meet legal and regulatory requirement.
 I further understand and agree that my Customer Information may be shared within the Company which includes its parent, subsidiaries, associated companies and affiliates, with third party service providers, credit bureaus and Regulators in and outside of the jurisdictions in which Sagikor does business for the purposes above and as may be required by law. I hereby warrant that the information provided herein is accurate and consent to the sharing and disclosure of my Customer Information for the purposes provided herein and as Sagikor may require from time to time.

PART C: DISBURSEMENT DETAILS

TYPE OF TRANSACTION WITHDRAWAL OF POLICY VALUES _____ POLICY LOAN _____
 DIVIDEND _____ TRANSFER _____

KINDLY INDICATE THE METHOD OF DISBURSEMENT: ELECTRONIC FUNDS TRANSFERS (EFT) CHEQUE DRAFT . If EFT, kindly complete **Part D**
 CHEQUE / EFT AMOUNT: \$ _____

IF DRAFT PLEASE PROVIDE MAILING ADDRESS _____

TRANSFER DETAILS

POLICY NUMBER	AMOUNT

POLICY NUMBER	AMOUNT

PART D: ELECTRONIC FUND TRANSFER / WIRE TRANSFER

BANKING INFORMATION | **NOTE:** Proof of banking information **MUST** be attached.

BANK: _____ BRANCH / ADDRESS (where account was opened): _____
 ACCOUNT NUMBER: _____ SWIFT CODE: _____ ROUTING#: _____
 ACCOUNT TYPE: Savings Current ACCOUNT NAME: _____

 SIGNATURE (Owner)

 SIGNATURE (Witness)

ELECTRONIC FUND TRANSFER DISCLAIMER

I acknowledge that I am solely responsible for the completeness and accuracy of the banking information provided by me to Sagikor Life. I understand and agree that Sagikor shall not be responsible for any erroneous data provided which may result in funds being credited to an incorrect account and any charges with the recovery of any such funds by the bank, shall be debited from the fund value.



PART E: POLICY LOAN DISBURSEMENT

It is understood and agreed that:

- A. This policy loan is made under and subject to the conditions of the policy
- B. This policy is hereby assigned to the Company as a security for the policy loan
- C. The total loan shall include and cover any existing loans under this policy, including interested due or accrued.
- D. Interest shall be at the rate specified in the policy or at rates determined from time to time by the Company, if no such rate is specified. Any outstanding interest will be capitalized (i.e. added to the loan balance) on the policy anniversary date.
- E. **Whenever the total indebtedness including interest shall exceed the Cash Value of the policy, the policy shall terminate automatically, without notice and it is acknowledged that this can occur if interest on the loan is not paid on the due dates and despite the fact that there are no arrears in premium.**
- F. In case of default in payment on the loan account, payment in respect of premiums may, at the discretion of the Company, be automatically credited to the loan account (despite any receipt or other instrument to the contrary).
- G. Until liquidated, this loan will be repaid **monthly, quarterly, semi-annually, annually** through **salary deduction** cash payment, pre-authorized payment at the rate of \$ _____ or such other rates agreed from time to time.
- H. It is hereby warranted by the undersigned that no other person or Corporation has any interest or claim to the said policy or proceeds thereof and that each person joining the Assured in the completion of the document is at least 18 years of age.

I/We the beneficiary(ies) under this policy do hereby authorize the Company to make the cheque payable to the policy owner/assignee only.

PART F: WITHDRAWAL OF POLICY VALUES

- A. The undersigned do hereby elect to encash the sum of (In Words) _____ in respect of the value of any or all of the units standing to the credit of this policy and thereupon the number of units standing to the credit of the policy shall be reduced in accordance with the provisions of the policy.
- B. If the policy is a **Folio 4 or 5** the undersigned acknowledges and fully understands that in accordance with the provisions of policy, upon the encashment of such units, the Additional Sum insured shall be reduced by twice the amount of the sum encashed.
- C. If the policy is a **Universal Life** type the undersigned acknowledges and fully understands that withdrawal of policy values may cause the fund to expire during the insured's lifetime and that the policy will terminate once this event occurs.
- D. It is hereby warranted by the undersigned that no other person or Corporation has any interest in or claim to the said policy or proceeds thereof and that each person joining with the Assured in the completion of this document is at least 18 years of age.
- E. I/We the beneficiary(ies) under this policy do hereby authorize the Company to encash units on this policy as instructed by the owner/assignee.

PART G: DIVIDEND DISBURSEMENT

It is hereby warranted by the undersigned that no other person or Corporation has any interest in or claim to the said policy or proceeds thereof and that each person joining with the Assured in the completion of this document is at least 18 years of age.

I/We the beneficiary(ies) under this policy do hereby authorize the Company to change to withdraw dividends encash units on this policy as instructed by the owner/assignee.

PART H: SIGNATURE/ CONFIRMATION/ INSTRUCTIONS

I/We acknowledge that I/we have read the terms and conditions set forth in Part E F G and agree to be bound by same. I/we confirm that the impact of the withdrawal from the policy has been explained to me/us and I/we understand and accept the explanation given by the Company.

Dated at _____ this _____ day of _____ 20_____

Signature as on ID (Assured / Owner)

Signature (Witness) Staff or JP / Notary Public (Incl. Name & Parish/State)

Signature as on ID presented (Beneficiary/Trustee/Assignee)

Signature (Witness) Staff or JP / Notary Public (Incl. Name & Parish/State)

Signature as on ID presented (Beneficiary/Trustee/Assignee)

Signature (Witness) Staff or JP / Notary Public (Incl. Name & Parish/State)

FOR INTERNAL USE ONLY

I.D. Used: Driver's License No. Passport No. National I.D. No. JCF/JDF I.D. # _____ Expiry date / /

Preferred Beneficiary (of legal age) Signature Verified Policy Owner Signature Verified Policy Assigned Assignee's seal affixed.

Policy Contract / Declaration of Lost Document attached Yes No

Method of Payment SD Coop GP _____ PTD _____ PAP Direct POLH Checked Total Fund Value: \$ _____

Disbursement Reference Number _____ Stamp Duty Amount \$ _____

Prepared By (Print Name)/ Date

Authorized by (Print Name& Signature) / Date

Cheque Verified by / Date