

**PART A: PERSONAL DETAILS**

POLICY NO: \_\_\_\_\_ LIFE INSURED \_\_\_\_\_  
OWNER/PAYEE: \_\_\_\_\_ TRN: \_\_\_\_\_

**PART A: CLIENT INFORMATION UPDATE**

Jamaican Resident Yes  No  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, please provide Tax Payer Identification No. \_\_\_\_\_  
Telephone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Have you changed your address recently? Yes  No  If Yes, state new mailing address \_\_\_\_\_

The undersigned hereby surrender the above mentioned policy and hereby request payment of the cash surrender value less any amount of indebtedness to the Company with respect thereto.

The undersigned hereby warrant that no other person or corporation has any interest in or claim to the said policy or the proceeds thereof and that each person joining with the Assured in the completion of this form is at least 18 years of age.

The undersigned acknowledged that it is fully understood that this document when signed operates to cancel the above numbered policy and all the benefits thereunder except only the right to receive the payment requested above.

I/We the beneficiary(ies) and owner under this policy hereby authorize the Company to credit surrender proceeds under the policy as instructed by the owner/assignee.

**Kindly indicate if payment should be made via ELECTRONIC FUND TRANSFER SERVICE Yes [ ] No [ ]. IF yes, provide information below**

**BANKING INFORMATION:**

BANK: \_\_\_\_\_ BRANCH (where account was opened): \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_ ACCOUNT TYPE: Savings [ ] Current [ ]  
ACCOUNT NAME: \_\_\_\_\_

**TRANSFER DETAILS**

POLICY #	AMOUNT	ACCOUNT

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

\_\_\_\_\_  
Signature as on ID presented (Assured/Owner)

\_\_\_\_\_  
Signature (Witness) JP/Notary Public

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

\_\_\_\_\_  
Signature (Witness) JP/Notary Public

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

\_\_\_\_\_  
Signature (Witness) JP/Notary Public

**HEAD OFFICE USE ONLY:** Disbursement Reference No: \_\_\_\_\_ Disbursement Amount: \_\_\_\_\_  
Prepared by: \_\_\_\_\_ Authorized by: \_\_\_\_\_ Verified by: \_\_\_\_\_



