

SCOTIA JAMAICA LIFE INSURANCE COMPANY LIMITED

Scotiabank Centre, 5th Floor, Corner Duke & Port Royal Streets, Kingston, Jamaica W.I.

Policy No.: _____ Owner: _____

Insured: _____

CONTACT INFORMATION

Email: _____	Home: _____
	Work: _____
	Mobile: _____

Please tick (✓) the appropriate box of your choice:

FOR CHANGE SELECTED PLEASE COMPLETE PAP FORM ATTACHED**PREMIUM CHANGE******ALL OUTSTANDING PREMIUMS MUST BE PAID UP TO INCREASE**** Increase by: _____ to _____ Decrease by: _____ to _____**FREQUENCY/DUE DATE CHANGE**

Change frequency of payment to:

 Annual Monthly

Change Due Date to:

 5th 12th 20th 28th _____ 20 _____
MONTH**BANK ACCOUNT CHANGE/RE-INSTATE PAP** I have changed my bank account (complete PAP form attached) Re-instate PAP account (same account)Dated at branch _____ the _____ day of _____ 20 _____
MONTH_____
POLICY OWNER'S SIGNATURE