

SCOTIA JAMAICA LIFE INSURANCE COMPANY LIMITED

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

BRANCH
CSR
FAX NO.

Policy No.: _____ Date: _____

Name of Policyowner: _____

Amount Requested: _____ Policy Paid to Date: _____

Section A - Encashment of Funds

Current Value of Regular Premium Fund	_____
Current Value of Initial Supplementary Fund	_____
Total Accumulated Fund	_____
Amount of Partial Withdrawal	_____
Less Withholding Tax	_____
Partial Withdrawal Charge	_____
BALANCE	_____

I am aware that the cash value of my policy will be reduced as a result of this encashment, in accordance with the provisions of this policy. I understand that any premium deposit withdrawn less than five (5) years of it being deposited, the Company will withhold tax at the rate applicable on the interest earned.

Section B - Premium Refund
Reason for Refund (tick appropriate box):

- Policy Terminated for Death/Expiry and Subsequent Premium Received
- Policy Rejected/Not Taken
- Policy Cash Surrendered and Subsequent Premium Received
- Policy Overpaid
- Payment made to SJLIC in error
- Other (state reason): _____

Dated at _____ this _____ day of _____ 20_____.

_____ SIGNATURE OF POLICYOWNER	_____ SIGNATURE OF WITNESS	_____ ID TYPE & NO.
_____ SIGNATURE OF IRREVOCABLE BENEFICIARY	_____ SIGNATURE OF WITNESS	_____ ID TYPE & NO.
_____ SIGNATURE OF ASSIGNEE	_____ SIGNATURE OF WITNESS	_____ ID TYPE & NO.

FOR OFFICE USE ONLY

Approval Code _____	Prepared by _____
Cheque No. _____	Checked & Authorized by _____
Account Holder's Name _____	Contract Endorsed/Collected by _____
Customer's Transit No. _____	Account No. _____