

Scotia Jamaica Life Insurance Company Limited

Policy/Contract No.: _____ Owner: _____

Name of Insured (if other than Policy Owner): _____

Please complete **only the relevant** sections of this form. Make certain that it will carry out your intention before signing. **The Company cannot be responsible for the validity or sufficiency of the completed form.** Indicate the boxes applicable to you with a check mark, then date and sign the form in the spaces provided.

Application is hereby made for the transaction(s) indicated below: **A. Policy Ownership Change:**

To: _____

Reason for change: Change of Ownership due to Age of Majority obtained Other (*Explain below*)

Explanation: _____

Attach copies of all certified legal documents (Birth Certificates etc.) **B. New Ownership Address Change (if applicable):**

The new address is as follows: _____

C. Authorization

Dated at _____ this _____ day of _____ 20_____.

SIGNATURE OF NEW POLICYOWNER_____
WITNESS_____
SIGNATURE OF ORIGINAL POLICYOWNER_____
WITNESS_____
SIGNATURE OF POLICYOWNER TRUSTEE/
ASSIGNEE/IRREVOCABLE BENEFICIARY_____
WITNESS**Scotia Jamaica Life Insurance Company Limited**