

SCOTIA JAMAICA LIFE INSURANCE COMPANY LIMITED

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

Policy No.: _____

Trustee Designation **PLEASE NOTE:** A Trustee must be named for any beneficiary under the age of 18. If the beneficiary(ies) is a/are minor(s) or suffers from legal incapacity, it is recommended that a Trustee be appointed to act on behalf of the beneficiary(ies).

I _____ hereby nominate the following as my Trustee/s for the purpose of dealing with the proceeds of this Policy.

Please indicate beneficiary for whom trustee is named.

NAME OF TRUSTEE:	NAME OF BENEFICIARY:	
ADDRESS 1:		
ADDRESS 2:	TOWN/CITY:	COUNTRY:

NAME OF TRUSTEE:	NAME OF BENEFICIARY:	
ADDRESS 1:		
ADDRESS 2:	TOWN/CITY:	COUNTRY:

NAME OF TRUSTEE:	NAME OF BENEFICIARY:	
ADDRESS 1:		
ADDRESS 2:	TOWN/CITY:	COUNTRY:

Where the above trustee is a business enterprise, please place the full legal name of the enterprise on the above Name line.

Dated at _____ this _____ day of _____ 20 _____.

SIGNATURE OF OWNER_____
WITNESS