

SCOTIA JAMAICA LIFE INSURANCE COMPANY LIMITED

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

Instructions: Complete this form in duplicate and submit with the Policy Contract to Scotia Jamaica Life Insurance Company through one of its Customer Service Representatives.

Policy No.: _____ Policyowner: _____

Life Insured (If other than the Policyowner): _____

Note: All the following parties must sign this form:

- Policyowner
 Assignee (if any)
 Beneficiaries, if any, who have a vested interest in the policy.

The undersigned request Scotia Jamaica Life Insurance Company to terminate the above Policy effective from the date of this document and to issue a cheque for the net cash surrender value payable to the person entitled thereto and to deliver the cheque to him/her.

The undersigned hereby declare that all parties signing this document are of the full age required by law to validly surrender this Policy and that no other party has any interest therein.

The undersigned hereby discharge the Company from all liability under this Policy except for payment of the surrender value as provided by the terms of the Policy and do hereby indemnify and save the Company harmless from any other claims which may arise under such Policy.

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

Current Value of Regular Premium Fund	
Current Value of Initial Supplementary Fund	
Total Accumulated Fund	
Less Withholding Tax	
Less Surrender Charge	
NET CASH SURRENDER VALUE	

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