

DECLARATION FOR APPOINTMENT OR CHANGE OF BENEFICIARY

SCOTIA JAMAICA LIFE INSURANCE COMPANY LIMITED

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

Policy No.:					
		of			
being the Owner/Insured do hereby declare and c	d of the abovementioned policy do lirect that all sums of money falling	hereby revoke all previo	ous designations or appointme after my death shall be paid to	nts of beneficiary and and for the benefit of:	
	on Change owing change in beneficiary(ies) o consent of any existing IRREVOC		olicy. I reserve the right to furth	her change the	
This request is effective		20	·		
Beneficiary 1					
NAME:			DEATH BEN		
ADDRESS 1:				%	
ADDRESS 2:			☐ IRREVO	CABLE REVOCABLE	
TOWN/CITY: TELEPHONE NO:			RELATIONSHIP TO INSURED		
COUNTRY:	DATE OF BIRTH:				
Beneficiary 2					
NAME:			DEATH BEN	EFIT %	
ADDRESS 1:					
ADDRESS 2:			☐ IRREVO	CABLE REVOCABLE	
TOWN/CITY:	TELEPHONE NO:		RELATIONS	HIP TO INSURED	
COUNTRY:	DATE OF BIRTH:				
Beneficiary 3					
NAME:			DEATH BEN	EFIT %	
ADDRESS 1:					
ADDRESS 2:			□ IRREVO	CABLE REVOCABLE	
TOWN/CITY:	TELEPHONE NO:		RELATIONS	HIP TO INSURED	
COUNTRY:	DATE OF BIRTH:				
	from legal incapacity, it is recommo	ended that a Trustee be		ne beneficiary(ies).	
NAME:					
ADDRESS 1:					
ADDRESS 2:	TOWN/CITY:		COUNTRY:		
Where the above trustee	e is a business enterprise, please	place the full legal name	e of the enterprise on the above	ve Name line.	
Dated at	this	day of		20	
SIGNATURE OF OWNER			WITNESS - Justice of the Peace/Notary Public		
SIGNATURE OF IRREVOCARI E RENEFICIARY		<u> </u>	WITNESS - Justice of the Peace/Notary Public		