



**DECLARATION FOR APPOINTMENT  
OR CHANGE OF BENEFICIARY**

Scotiabank Centre, 5<sup>th</sup> Floor, Corner Duke & Port Royal Streets, Kingston, Jamaica W.I.  
Telephone: (876) 922-3765, 1-888-467-5542; email: sjlic.service@scotiabank.com

Policy Owner/Plan Member: \_\_\_\_\_ Policy/Plan No: \_\_\_\_\_

Insured's Name (if other than Policy Owner): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email address: \_\_\_\_\_ TRN: \_\_\_\_\_

Telephone Contact: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

I \_\_\_\_\_ being the Owner of the above mentioned policy/plan, do hereby revoke all previous designations or appointments of beneficiary(ies) and do hereby declare that all sums of money falling due thereunder on or after my death shall be paid to and for the benefit of the beneficiary(ies) named below.

**Trustee Designation:** A Trustee should be named for any beneficiary under the age of 18 years. The appointed Trustee must be 18 years or older. Further, if the beneficiary suffers from legal incapacity, it is recommended that a Trustee be appointed to act on his/her behalf.

**Beneficiary 1**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Death Benefit: \_\_\_\_\_ %  Revocable  Irrevocable Relationship to Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone no.: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

**Name of Trustee:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Trustee duties to cease when beneficiary attains age (Select age below):

18  21  25 [ ] Other (please state) \_\_\_\_\_

**Beneficiary 2**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Death Benefit: \_\_\_\_\_ %  Revocable  Irrevocable Relationship to Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone no.: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

**Name of Trustee:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Trustee duties to cease when beneficiary attains age (Select age below):

18  21  25 [ ] Other (please state) \_\_\_\_\_



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**Beneficiary 3**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Death Benefit: \_\_\_\_\_ %     Revocable     Irrevocable    Relationship to Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone no.: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

**Name of Trustee:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Trustee duties to cease when beneficiary attains age (Select age below):

18     21     25    [ ] Other (please state) \_\_\_\_\_

**THIS FORM MUST BE DEPOSITED AT THE HEAD OFFICE OF SCOTIA JAMAICA LIFE INSURANCE COMPANY DURING THE LIFETIME OF THE INSURED FOR IT TO BE EFFECTIVE.**

Please ensure that this form, when completed, accomplishes your purpose. Scotia Jamaica Life Insurance Company Limited does not assume responsibility for the validity or sufficiency.

Where Irrevocable Beneficiaries are named on the policy, the signature of each of these individuals is required to effect this change.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Witness - Justice of the Peace/ Notary Public

I/We hereby agree to the change of beneficiary(ies) on the above policy and relinquish all rights previously held on said policy.

\_\_\_\_\_  
Name of Irrevocable Beneficiary    Signature

\_\_\_\_\_  
Witness - Justice of the Peace/Notary Public

\_\_\_\_\_  
Name of Irrevocable Beneficiary    Signature

\_\_\_\_\_  
Witness - Justice of the Peace/Notary Public

\_\_\_\_\_  
Name of Irrevocable Beneficiary    Signature

\_\_\_\_\_  
Witness - Justice of the Peace/Notary Public