



**DECLARATION FOR APPOINTMENT
OR CHANGE OF TRUSTEE**

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

Name of 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) _____

Instruction: If you wish to replace the Trustee that is appointed for a beneficiary, please complete both sections.
Please select the option(s) applicable to you.

REMOVAL OF TRUSTEE

I _____ being the owner of the above mentioned policy/plan do hereby revoke the following as Trustee(s) for the named beneficiary(ies).

Trustee: _____ Beneficiary: _____

Trustee: _____ Beneficiary: _____

Trustee: _____ Beneficiary: _____

APPOINTMENT OF TRUSTEE

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.

I _____ being the owner of the above mentioned policy/plan do hereby nominate the following as my Trustee(s) for the purpose of dealing with the proceeds of this policy/plan.

Name of Trustee: _____ Date of Birth: _____

Mailing Address: _____

Telephone No: (Home) _____ (Cell) _____ (Other) _____

Name of Beneficiary: _____

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

18 21 25 [] Other (please state) _____



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Name of Trustee: _____ Date of Birth _____
Mailing Address: _____
Telephone No: (Home) _____ (Cell) _____ (Other) _____
Name of Beneficiary: _____
Trustee duties to cease when beneficiary attains age (Select age below):
<input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 [] Other (please state) _____

Name of Trustee: _____ Date of Birth _____
Mailing Address: _____
Telephone No: (Home) _____ (Cell) _____ (Other) _____
Name of Beneficiary: _____
Trustee duties to cease when beneficiary attains age (Select age below):
<input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> 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

Signature of Irrevocable Beneficiary

Witness - Justice of the Peace/Notary Public

Signature of Irrevocable Beneficiary

Witness - Justice of the Peace/Notary Public

Signature of Irrevocable Beneficiary

Witness - Justice of the Peace/Notary Public