



CASH DISBURSEMENT FORM

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

Branch:
SJLIC Rep:
Ext:

Policy #: _____

CREDIT THE ACCOUNT BELOW WITH THE AMOUNT REQUESTED

Account Holder's Name: _____

Bank Name: _____ Branch Name: _____

Account Type: Savings Chequing Account Number: _____

Signature of Policy Owner/Assignee

FOR INSURANCE ADVISOR/CSR USE ONLY

Notes: _____

FOR HEAD OFFICE USE ONLY

Batch Date & Time: _____ Cheque # & Date: _____

Credit to Account: \$ _____ Credit to Policy Loan: \$ _____

Notes: _____

Prepared by: _____ Date: _____

Checked & Authorized by: _____ Date: _____

Authorized by: _____ Date: _____