

## **CASH DISBURSEMENT FORM**

Branch:
SJLIC Rep:
Ext:

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

Name of Policy Owner:	er: Policy No:			
Amount Requested:	ested: TRN:			
Reason for Request:				
CLIENT INFORMATION				
Home #: Business #:		Cell #:		
E-mail address of Policy Owner:				
Mailing Address:		Residential Address:		
Encashment of Funds (AFFIRM only)				
	Amo	ount (\$)	% of Fund	
Fund Name:	\$			_
Fund Name:	\$			_
Fund Name:	\$	_	<u> </u>	_
I the undersigned am aware that the cash value of my ScotiaMINT policy will be reduced as a result of this encashment in accordance with the provisions of this policy. I understand that for any premium deposit withdrawn less than five (5) years of it being deposited, the company will withhold taxes at the rate applicable on the interest earned.  Refer to your Policy Provisions for further information.		I the undersigned acknowledge and fully understand that encashment of units from my Universal Life policy will decrease the fund value and may result in insufficient value to cover the Cost of Insurance and Monthly Administration Fees. I also acknowledge that the policy will terminate once this event occurs.  Refer to your Policy Provisions for further information.		
Dated at	this	day of		20
Signature of Policy Owner	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.

**Note:** This form must be witnessed by a SJLIC Representative, Justice of the Peace or Notary Public



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CREDIT THE ACCOUNT BELOW WITH THE AMOUNT REQUEST	TED				
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: \_\_\_\_