



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 NUMBER(S):** \_\_\_\_\_ **DATE** \_\_\_\_\_

**1. PERSONAL INFORMATION**

First Name	Middle Name	Last Name	Maiden Name
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Other Name used by client	Doing Business as Name
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Country of Birth	Country of Citizenship/Nationality	Other Citizenship	Tax Jurisdiction Country
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TRN	Home Tel #	Mobile Tel #	Email Address
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Government ID Issued By	Customer ID Issue Date	Customer ID Issue Parish/City/State
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Residential Address:	Mailing Address ( <i>if different</i> )	Non-Resident?
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**2. EMPLOYMENT/OCCUPATION INFORMATION**

Name of Employer	Business #	Annual Income
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Employers' Address	Nature of Business
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Occupation	Occupation of Insured (if not Policy owner)
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If self- employed, state business activity and explanation of product/service offered

**3. PEP DETERMINATION**

Relationship to PEP	PEP Name
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PEP's position or office held

Description of PEP's official Duties

Dates (span of years position held)	Country where position was held	Date of PEP determination
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From To

Additional Information (*if needed*)



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**4. PRODUCT(S) REQUESTED**

- AFFIRM                       SCOTIABRIDGE                       SCOTIACRITICARE                       SCOTIAMINT
- LIFE SHELTER                       LIFETIME SECURITY                       SCOTIA RIF

Reason for selecting this product

Source of Funds

Source of Wealth (*High risk customers only*)

\_\_\_\_\_  
**SIGNATURE OF POLICY OWNER**

\_\_\_\_\_  
**DATE**

*(I certify that to the best of my knowledge, the information provided on this form is correct)*

**5. TO BE COMPLETED BY INSURANCE ADVISOR/CUSTOMER SERVICE REPRESENTATIVE**

**A. ADDRESS VERIFICATION (*to be completed if proof of address is not provided*)**

- I have visited the residential address as recorded above and can confirm that this is the residence of the Policy Owner.

**B. REFERENCE DETAIL**

Name of Referee: \_\_\_\_\_ Tele #: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Name of Referee: \_\_\_\_\_ Tele #: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

\_\_\_\_\_  
Signature (Insurance Advisor/Customer Support Advisor)

**6. PLEASE CHECK [  ] BOX IF SIGNATURE UPDATE IS REQUIRED**

- SIGNATURE UPDATE (Please submit Drivers Licence, Passport or Electoral ID)

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

\_\_\_\_\_  
Witness (Scotia Insurance Representative)