

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: _____ Policy No: _____
Insured's Name (if other than Policy Owner): _____
Mailing Address: _____
Email address: _____ TRN: _____
Telephone Contact: (Home) _____ (Cell) _____ (Other) _____

Instructions: Note that the Policy Owner and Contingent Owner must have insurable interest in the Life Insured.

Tick [] the appropriate box to indicate the change required.

CHANGE OF POLICY OWNERSHIP (Attach copies of all certified legal documents)

NOTE: By electing to make this change, the Policy Owner agrees to relinquish all rights and interest in this policy.

Name of new Policy Owner _____

Reason for change: Insured has attained age of majority
 Appointment of Contingent Owner as the Policy Owner
 Other (explain) _____

APPOINTMENT OF CONTINGENT OWNER

Name of Contingent Owner _____

Relationship to Insured _____

REMOVAL OF CONTINGENT OWNER

Name to be removed: _____

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.

Dated at _____ this _____ day of _____ 20_____

Signature of Policy Owner

Signature of Witness
(SJLIC Representative, Justice of the Peace, Notary Public)

Signature of New Policy Owner

Signature of Witness
(SJLIC Representative, Justice of the Peace, Notary Public)