



## PREMIUM/CONTRIBUTION/BANK ACCOUNT CHANGE

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 Owner/Plan Member: \_\_\_\_\_ Policy/Plan No: \_\_\_\_\_

Insured's Name (if other than Policy Owner): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email address: \_\_\_\_\_ TRN: \_\_\_\_\_

Telephone Contact: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Please tick [ v ] the appropriate box to indicate the change required.

- PREMIUM/CONTRIBUTION CHANGE**
- Increase by: \$ \_\_\_\_\_ to \$ \_\_\_\_\_  Annually  Monthly
- Decrease by \$ \_\_\_\_\_ to \$ \_\_\_\_\_  Annually  Monthly
- Effective Date: \_\_\_\_\_ 20 \_\_\_\_

- AUTOMATIC INCREASE IN PREMIUM (SCOTIAMINT POLICIES ONLY)** - Request must be submitted three (3) months prior to Policy Anniversary date.
- Add the Automatic Increase in Regular Premium option to my policy
- Cancel the Automatic Increase in Regular Premium option

- FREQUENCY/PRE-AUTHORIZED PAYMENT (PAP) DRAW DATE CHANGE**
- Change frequency of payment to:  Annually  Monthly
- Change PAP draw date to:  5<sup>th</sup>  12<sup>th</sup>  20<sup>th</sup>  28<sup>th</sup>
- Effective Date: \_\_\_\_\_ 20 \_\_\_\_

- BANK ACCOUNT CHANGE/REINSTATE PRE-AUTHORIZED PAYMENT (PAP)**
- I have changed my bank account **(Complete and attach a Pre-Authorized Payment form)**
- Reinstate PAP using same account

- CANCEL PRE-AUTHORIZED PAYMENT (PAP)**
- Effective Date: \_\_\_\_\_ 20 \_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Signature of Policy Owner/Plan Member