



**APPLICATION FOR TERMINATION OF
SCOTIABRIDGE**

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:

INSTRUCTIONS: Complete this form and submit along with the Plan Documents to Scotia Jamaica Life Insurance Company (SJLIC) through one of its Representatives.

The form must be witnessed by a SJLIC Representative, Justice of the Peace or Notary Public.

Plan No.: _____ Plan Member: _____

Termination Type: Maturity Early Retirement Transfer

ELECTION OF WITHDRAWAL BENEFIT

In accordance with the benefits under the plan, I hereby elect to:

OPTION 1	Purchase a Scotia Retirement Income Fund from Scotia Jamaica Life Insurance Company Limited with my full entitlement	<input type="checkbox"/>
OPTION 2	Receive 25% (non-taxable) of total fund value and use difference to purchase Scotia Retirement Income Fund from Scotia Jamaica Life Insurance Company Limited.	<input type="checkbox"/>
OPTION 3	Transfer my full entitlement to an Approved Superannuation Fund or Approved Retirement Scheme.	<input type="checkbox"/>
OPTION 4	Receive 25% (non-taxable) of total fund value and the balance transferred to another Insurance Company to purchase an annuity.	<input type="checkbox"/>
OPTION 5	Receive 25% (non-taxable) of total fund value and the balance commuted and paid as a lump sum.	<input type="checkbox"/>

Name of Company or Approved Retirement Scheme for transfer: _____

The undersigned requests Scotia Jamaica Life Insurance Company to terminate the above Plan effective from the date of this document and to make the net plan value payable to the entity and/or person entitled.

The undersigned hereby declares that all parties signing this document are of the full age required by law to validly terminate this Plan and that no other party has any interest therein.

The undersigned hereby discharges the company from all liability under this Plan except for payment of the net plan value as provided by the terms of the Plan and do hereby indemnify and save the company harmless from any other claims which may arise under such Plan. The undersigned indemnifies the Company from any tax consequences resulting from the termination of the Plan value.

Dated at _____ this _____ day of _____ 20 _____

Signature of Plan Member

Signature of Witness

ID Type & No.



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Plan #: _____

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

FOR INSURANCE ADVISOR/CSR USE ONLY

Plan Document Collected by: _____ Date: _____

Notes: _____

FOR HEAD OFFICE USE ONLY

	\$	00
Current Plan Value		
Less Withholding Tax		
Less Surrender Charge		
Net Plan Value		

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

Payout to customer: \$ _____ Purchase SRIF/Transfer: \$ _____

Notes: _____

Prepared by: _____ Date: _____

Checked & Authorized by: _____ Date: _____

Authorized by: _____ Date: _____