

SCOTIA JAMAICA LIFE INSURANCE COMPANY LIMITED

Scotiabank Centre, 5th Floor, Corner Duke & Port Royal Streets, Kingston, Jamaica W.I.

Instructions: Use this form when transferring existing Approved funds (Retirement Scheme or Superannuation Plan) to or from another Financial Institution or Employer.

Plan Member Identification

First Name: _____ Last Name: _____

Address: _____

Tax Registration Number (TRN): _____ Date of Birth: _____

Business Telephone Number: _____ Home Telephone Number: _____

Mobile Number: _____

Client Direction to Relinquishing Institution

Name of Financial Institution or Employer: _____

Address of Financial Institution or Employer: _____

Client Number/Plan Number: _____

Please transfer the full value of my Approved Retirement Scheme or Superannuation Plan less any applicable charges to the Financial Institution or Employer noted as the Receiving Institution.

Dated at _____ this _____ day of _____ 20_____.

PLAN MEMBER'S SIGNATURE_____
WITNESS SIGNATURE

Receiving Institution Information (transfer information)

Name of Financial Institution or Employer: _____

Address of Financial Institution or Employer: _____

Client Number/Plan Number: _____

Plan Type: Approved Retirement Scheme Payout Annuity Superannuation Plan

Dated at _____ this _____ day of _____ 20_____.

AUTHORISED SIGNATURE_____
TITLE

This section to be completed by the Relinquishing Institution when the cheque is ready to be mailed to the Receiving Institution._____
AUTHORISED SIGNATURE_____
TITLE_____
DATE

This section to be completed by the Receiving Financial Institution or Employer upon receipt of funds.

Date Funds Received: _____ Amount Received: _____

AUTHORISED SIGNATURE**Copies to: 1. Relinquishing Institution 2. Receiving Institution 3. Plan Member**