



APPLICATION FOR SURRENDER AND DISCHARGE OF POLICY

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 Policy Contract 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.

All the following parties must sign this form:

- Policy Owner Assignee (if any) Irrevocable Beneficiaries (if any)
(beneficiaries who have a vested interest in this policy)

Policy No.: _____ Policy Owner: _____

Life Insured (if other than Policy Owner): _____

Reason for Surrender: _____

The undersigned request Scotia Jamaica Life Insurance Company to terminate the above Policy effective from the date of this document and make the net cash surrender value payable to the person entitled thereto.

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

The undersigned hereby discharge the company from all liability under this Policy except for payment of the surrender value as provided by the terms of the Policy and do hereby indemnify and save the company harmless from any other claims which may arise under such Policy.

Dated at _____ this _____ day of _____ 20 _____

Signature of Policy Owner Signature of Witness ID Type & No.

Signature of Irrevocable Beneficiary Signature of Witness ID Type & No.

Signature of Assignee Signature of Witness ID Type & No.

Note: This form must be witnessed by a SJLIC Representative, Justice of the Peace or Notary Public (affix Seal)

CREDIT THE ACCOUNT BELOW WITH THE NET CASH SURRENDER VALUE

Account Holder's Name: _____

Bank Name: _____ Branch Name: _____

Account Type: Savings Chequing Account Number: _____

Signature of Policy Owner/Assignee



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Branch:
SJLIC Rep.:
Ext:

Policy #: _____

FOR INSURANCE ADVISOR/CSR USE ONLY

Contract Collected by: _____ Date: _____

Notes: _____

FOR HEAD OFFICE USE ONLY

Notes: _____

Net Surrender Value \$ _____

Batch Time and Date _____ Cheque # and Date _____

Prepared by: _____ Date: _____

Checked & Authorized by: _____ Date: _____

Authorized by: _____ Date: _____