



Sagicor Life of the Cayman Islands Ltd.

198 North Church St., P.O. Box 1087, Grand Cayman, KY1-1102, Cayman Islands • Tel: 345-949-8211, Fax: 345-949-8262 • www.sagicor cayman.com

DECLARATION FOR APPOINTMENT OR CHANGE OF BENEFICIARY

Policy Number _____

I, _____ of _____ being the Owner/Insured of the abovementioned policy do hereby revoke all previous designations or appointments of beneficiary and do hereby declare and direct that all sums of money falling due thereunder on or after my death shall be paid to and for the benefit of:

PLEASE PRINT

Table with 7 columns: FULL NAME, RELATIONSHIP, DATE OF BIRTH (dd/mm/yy), ADDRESS, 'I' OR 'R', % SHARE, **VESTED AGE. Includes a TRUSTEE row with a legend: *R - Revocable, I - Irrevocable.

If beneficiary is a minor or suffers some legal incapacity, it is recommended that a Trustee be appointed to act on behalf of the beneficiary(ies).

Please state whether beneficiary (ies) is/are irrevocable or revocable. If no election is made the appointment is deemed revocable.

Please state whether or not ownership of the policy should be vested automatically in the child on or after attaining legal age of 18 years, 21 years or 25 years

CONTINGENT BENEFICIARY (A contingent beneficiary may only be appointed if there is one primary beneficiary and such beneficiary is named revocable) Table with 6 columns: First Name, Middle Name, Last Name, Relationship to Insured, Sex, Date of Birth.

Dated atthisday of20.....

Signature of Owner/Insured Signature (Witness) Justice of the Peace/Notary Public
Signature of Assignee Signature (Witness) Justice of the Peace/Notary Public

I/We hereby agree to the change of beneficiary on the above policy and also agree to relinquish all rights and privileges previously held by me/us on the said policy.

Irrevocable Beneficiary (Name:) Justice of the Peace/Notary Public
Irrevocable Beneficiary (Name:) Justice of the Peace/Notary Public

THIS FORM MUST BE DEPOSITED AT THE COMPANY'S HEAD OFFICE during the lifetime of the insured to be effective

- Make sure this form as completed, accomplishes your purposes. Sagicor Life of the Cayman Islands assumes no responsibility for the validity or sufficiency.
If this policy provides dependent benefits and you are appointing your spouse, please indicate date of marriage.

