

INSTRUCTIONS - AUTHORITY AND INDEMNITY

POLICY NUMBER(S): _____

OWNER/INSURED: _____ D.O.B.: _____

It would be convenient and in my/our interests if I/we could at any time and from time to time send instructions by means of:

- (i) facsimile transmission (meaning the sending of transmissions between fax machines via the telephone network) hereinafter referred to as ‘fax instructions’; and/or
- (ii) electronic mail (meaning the sending of transmissions electronically between computers via the telephone network or wireless communication) hereinafter referred to as ‘e-mail instructions’; and/or
- (iii) Sagicor’s E-Service web facility (meaning the sending of transmissions electronically between computers via Sagicor Life of the Cayman Ltd.’s web site without requiring written confirmation bearing actual signatures) hereinafter referred to as ‘internet instructions’ to Sagicor Life Cayman Islands Ltd (“SLCI”) in relation to any and all my/our existing policies with SLCI and any policies which I/we may now or in the future have with SLCI.

Now in consideration of SLCI agreeing to accept fax instructions and/or email instructions and/or internet instructions hereinafter referred to as (the instruction) purportedly received from me/us as aforesaid, I/we agree:

- 1. **THAT** SLCI may act on any fax instructions and/or email instructions and/or internet instructions received by SLCI and purportedly given by me/us from time to time, and I/we voluntarily and with full knowledge take and assume any and all risks associated therewith;
- 2. **THAT** in acting on fax instructions and/or email instructions and/or internet instructions, SLCI shall be deemed to have acted properly and to have fully performed all obligations owed to me/us, notwithstanding that such fax instructions and/or email instructions and/or internet instructions may have been initiated, sent or otherwise communicated in error or fraudulently, and I/we shall be bound by any fax instructions and/or email instructions and/or internet instructions on which SLCI may act if SLCI has in good faith acted in the belief that such fax instructions and/or email instructions and or/ internet instructions were given by me/us;
- 3. **THAT** SLCI may, in its absolute discretion, decline to act on or in accordance with the whole or any part of a fax instructions and/or email instructions and/or internet instructions pending further enquiry to or further confirmation (whether written or otherwise) by me/us, so however that SLCI shall not be under any obligation to so decline in any case, and SLCI shall in no event or circumstances be liable in any respect for not so declining; and
- 4. **TO** release SLCI from and indemnify SLCI against all claims, losses damages, costs and expenses howsoever arising in consequence of, or in any way related to SLCI having acted in accordance with the whole or any part of any fax instructions and/or email instructions and/or internet instructions or having exercised (or failed to exercise) the discretion conferred upon SLCI in Clause 3 above.
- 5. **THAT** SLCI its employees and agents shall not be liable for the consequences of any errors, irregularity, delay, omission, misrepresentation, failure or damage howsoever arising whether from criminal activity or otherwise that may be suffered by me/us in the use of fax instructions and/or email instructions and/or internet instructions.
- 6. **THAT** the information I provide in this form and from time to time, may be used to confirm my identity, to augment and update currently held information, to provide me with accurate and up-to-date services, to manage and assess the Company’s risks, to satisfy information requests and to meet legal and regulatory requirements I further understand and agree that my information may be shared within the Company which includes its parent and subsidiaries, with third party service providers, credit bureaus and Regulators in and outside of the jurisdictions in which SLCI does business for the purposes above and as may be required by law. I hereby warrant that the information provided herein is accurate and consent to the sharing and disclosure of this information for the purposes provided herein and as SLCI may require from time to time.



7. **THAT** the unenforceability or invalidity of any provision of this authorization shall not render any other provision unenforceable or invalid.
8. **THAT** this authorization shall in all respects be construed with and governed by the laws of Cayman.

Dated at _____ this _____ day of _____ 20 _____

Signed by the policyholder(s) with authority to give instructions in relation to the relevant insurance policies:

Signature as on ID presented (Assured/Owner)

**Signature (Witness) JP/Notary Public

Email Address _____ TRN: _____

Signature as on ID presented (Beneficiary/Trustee/Assignee)

**Signature (Witness) JP/Notary Public

Email Address _____ TRN: _____

****If witnessed outside of SLCI's offices, witness must be a Justice of the Peace, Notary Public or Attorney-at-Law**