



Wise Financial Thinking for Life

**SAGICOR LIFE Jamaica Ltd.
Group Investment Term Insurance Plan**

Full/Partial Surrender Form

EMPLOYER/PLAN TYPE: _____

Group: JAMAICA DEFENCE FORCE (JDF)

Employee Number: _____

Employee Name: _____

Full Surrender

Partial Surrender

The Undersigned hereby elect to:

Withdraw savings of: \$ _____ Employee's Portion

(Amount in Words)

It is hereby warranted by the undersigned that no other person or corporation has any interest in or claim to the said policy or proceeds thereof.

Dated at **ORION INSURANCE BROKERS LIMITED** _____ **2017**
Dated

Witness: _____ Client's Signature: _____

AGENT NAME: _____

FOR OFFICIAL USE ONLY

Kindly complete the table below and offer signature for electronic delivery of funds.

| Particulars |
|-----------------|
| Bank Name |
| Branch |
| Account Name |
| Account # |
| Type of Account |

Identification: _____ Cheque No: _____

Identification attached

Options: Rush \$200.00 { } 5 Days Service { }

Client's Signature: _____ Orion Staff Signature: _____

Date: _____ Branch: _____