

DECLARATION FOR EVIDENCE OF AGE

I _____ of _____
(full name) _____ solemnly declare;

1. That efforts have been made to obtain an official Certificate of Birth and also a Certificate Baptismal Record showing the date of birth of _____ assured in the Sagicor Life Jamaica Ltd. under policy no. (s)/ Certificate No. (If Group Policy) _____ but, it has been impossible to obtain either one of these certificates for the following reasons:

State here the steps taken to obtain an official certificate and the result

2. That I Know the said assured was born at _____ on the day of _____ in the year _____ for the reason that-

(a) I am the assured's _____
(Father, Mother, Sister _____ years older, Brother _____ years older)

(b) The following entries are recorded in the Family Bible or (quote entry for the assured and those entries immediately before or after, if any)

Are the entries made in ink? _____ Are there any alterations or erasures? _____ Were the entries made at or about the time of birth _____ If not, state when _____ The entries are made in the handwriting of my _____ Date of publication of book containing record _____

I make this solemn declaration conscientiously believing it to be true and knowing that it is the same force and effect as if made under oath.

TAKEN AND ACKNOWLEDGED AT

in the Parish/State of _____
 this _____ day of _____ 20_____
 before me _____

 SIGNATURE OF JP/NOTARY PUBLIC
 (PLEASE AFFIX STAMP)

 SIGNATURE OF OWNER

This Declaration is to be made before a Notary or Justice of the Peace, and must be fully completed in the handwriting of the person signing it.

DECLARATION CONCERNING NAME

Would you like the Policy Endorsement to be Emailed? Yes, Email address: _____ No

Change POLICYOWNER Change BENEFICIARY /DEPENDENT Change LIFE ASSURED

Reason for change MARRIAGE CORRECTING ERROR OTHER _____

I declare that the name of the person now on record with Sagicor Life Jamaica Limited in respect of:

Policy No. _____ Contact No. (s) _____ TRN _____

(1) is the _____
(Name on Sagicor's record)

same person as

(2) _____
(Name on certificate or evidence)

and I request that the Company records shall be in accordance with (1) or (2) above.

In support of this declaration the following statement should be made:

(A) If by marriage :

The person described above was married to _____ on the _____ day of _____ 20____ I certify that the foregoing statements are true and complete to the best of my knowledge and belief.

OR

(B) If evidence submitted is at variance with information on record :

The reason for the change/amendment _____

I certify that the foregoing statements are true and complete to the best of my knowledge and belief.

Signature of Assured /Policyowner

Signature (witness)JP/Notary Public

Date of Declaration

Stamp/Seal

