



Date of Transaction

Policy Number

Day	Month	Year

**SECTION A - Policyowner Information**

Full Legal Name of Policyowner

Title	Last Name	First Name	Middle Name	Maiden Name

Telephone Numbers

Residence	Business	Cell	Fax

Email Address

Should we use this information for all future correspondence?

Yes  No

Do you have any nationality other than Bahamian or Turks Islander?

Yes  No

Do you hold passports from a country other than The Bahamas or The Turks and Caicos Islands?

Yes  No

Are you a permanent resident of any country other than The Bahamas or The Turks and Caicos Islands?

Yes  No

Do you have a foreign telephone number?

Yes  No

Do you have a foreign residence address?

Yes  No

Have you been in the US for 31 days or more this calendar year or for 183 days in the past three years?

Yes  No

**SECTION B - Dividend Request**

I hereby request to withdraw \$  from this policy's dividends on deposits. If the amount requested is not available, the maximum amount available should be provided to me.

**Note:** Please return this form, along with a copy of your current driver's license, voter's card or passport to: [policyrequest@colina.com](mailto:policyrequest@colina.com).



Colina Insurance Limited  
 P.O. Box N4728  
 Nassau, Bahamas

# ONLINE APPLICATION FOR WITHDRAWAL OF DIVIDENDS ON DEPOSIT

## SECTION C - Declarations

**I authorize Colina Insurance Limited to carry out this policy transaction instruction submitted electronically and agree that Colina Insurance Limited shall not be liable for any losses arising from instructions lost in transmission.**

**By signing this form, the policyowner hereby consents that:**

**I understand that this transaction reduces this policy's value and may result in the policy terminating sooner than it otherwise would.**

**I hereby confirm that the receipt of the noted funds do hereby, for myself, my heirs, my executors and assigns, release and forever discharge Colina Insurance Limited of and from all actions proceedings claims or demands whatsoever which I may now or at any time hereafter may have for or in respect of the funds I am about to receive from my interest in the said Policy with Colina Insurance Limited.**

**Policyowner**

Print Name	Signature
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**Executed at**

Location
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**Witness**

Print Name	Signature
------------	-----------

**Date**

Day	Month	Year

**Irrevocable Beneficiary**

Print Name	Signature
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**Executed at**

Location
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**Witness**

Print Name	Signature
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**Date**

Day	Month	Year

The Policyowner declares that except for that indicated below, there has not yet been any other assignment of the policy.

**If assigned, Assignee must sign and date stamp below:**

**Assignee**

Print Name	Signature
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**Assignee Stamp**

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**Witness**

Print Name	Signature
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**Executed at**

Location
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**Date**

Day	Month	Year

**Note:** Please return this form, along with a copy of your current driver's license, voter's card or passport to: [policyrequest@colina.com](mailto:policyrequest@colina.com).

### INTERNAL USE ONLY

Maximum Loan Available

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Total Dividends on Deposit

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Policy assigned

Yes  No

Beneficiary type

None  Revocable  Irrevocable

Electronic Indemnity

Yes  No

Date validated

Day	Month	Year