



Date of Transaction

Day Month Year

Policy Number

Policy Assigned

Yes No

Date Validated

Day Month Year

SECTION A - Policyowner Information

Full Legal Name of Policyowner

Title Last Name First Name Middle Name Maiden Name

Date of Birth

Day Month Year

Place of Birth

Telephone Numbers

Residence Business Cell Fax

Email Address

National Insurance Number

Address

Full Legal Name of Insured

Title Last Name First Name Middle Name Maiden Name

Should we use this information for all future correspondence?

Yes No

Do you have any nationality other than Bahamian?

Yes No

Do you hold passports from a country other than The Bahamas?

Yes No

Are you a permanent resident of any country other than The Bahamas?

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 - Maturity Request

Application is hereby made for the payment of the full maturity value of the above policy, less any indebtedness to the company secured by the policy. The policy is hereby delivered to you for cancellation. It is agreed that such payment shall constitute full and final settlement of all claims under the policy.

Amount \$

Disbursement (if amount requested is not available the largest amount available will be provided.)

Cheque to: First Name Last Name for \$
 Pay Premium: Policy Number for \$
 Pay Loan: Policy Number for \$
 Other for \$

Cheque Collection

Location To be collected by

Policyowner Initials Assignee Initials



SECTION C - Signatures

Policyowner

Print Name _____ Signature _____

Executed at

Location _____

Witness

Print Name _____ Signature _____

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 Representative

Print Name _____ Signature _____

Assignee Stamp

Witness

Print Name _____ Signature _____

Executed at

Location _____

Date

Day | Month | Year

Assignee Representative

Print Name _____ Signature _____

Assignee Stamp

Witness

Print Name _____ Signature _____

Executed at

Location _____

Date

Day | Month | Year