Sagicor Life

Subscriber Change Request Form

PLEASE COMPLETE THE REQUIRED SECTIONS OF THIS FORM:

Policy No.: _____ - _____ - _____ TRN: _____ - _____ -_____ EMP #: _____
GROUP# ACCOUNT # CARDHOLDER #

Name of Subscriber:

_____ _____ _____ _____
FIRST NAME MIDDLE INITIAL SURNAME MAIDEN NAME

MAILING ADDRESS_____

EMAIL ADDRESS: _____ CELL NO.: _____

MINISTRY: _____ LOCATION: _____

ELECTRONIC FUND TRANSFER (COMMERCIAL BANK INFORMATION ONLY):

Name of Bank:	
Name of Account Holder:	
Branch:	
Account Number:	
Account Type:	Savings: ☐ Current/Chequing: ☐

ADDITION OF DEPENDENT (I.E. SPOUSE &/CHILD ONLY): (BIRTH AND/OR MARRIAGE CERTIFICATE IS REQUIRED)

Name	Relationship	Date of Birth	TRN

CANCELLATION OF DEPENDENT (I.E. SPOUSE &/CHILD):

Name	Relationship

CHANGE OR CORRECTION OF NAME (DEED POLL OR BIRTH/MARRIAGE CERTIFICATE IS REQUIRED FOR CHANGE OF NAME):

Change name from: _____ To: _____
NAME IN FULL NAME IN FULL

CORRECTION OF DATE OF BIRTH: (BIRTH CERTIFICATE REQUIRED):

_____ _____
NAME CORRECT DATE OF BIRTH

PERSONAL ACCIDENT – ACCIDENT DEATH AND DISMEMBERMENT – APPLICABLE TO GEASO SUBSCRIBERS ONLY

I do hereby revoke any previous designation of beneficiary(ies) with respect to the said Government Employees Administrative Services Only (GEASO) Accidental Death and Dismemberment Benefit and subject to the conditions set forth below, I designate and appoint the following beneficiary(ies):

BENEFICIARY INFORMATION:

FULL NAME (i.e. First, Middle and Last)	DATE OF BIRTH	RELATIONSHIP	ALLOCATION (%)

TRUSTEE FOR MINOR(S) NAMED ABOVE

Name of Trustee: _____ *Date of Birth:*_____/_____/_____
(i.e. First, Middle and Last) *MM DD YY*

I _____ confirm the following changes made to my policy effective as at the date below:

Please check ✔ the following items below to confirm the changes made:

Address: ☐ Correction of Name: ☐ Beneficiary Information: ☐
Banking Information: ☐ Addition/Cancellation of Dependent(s) ☐

EMPLOYEE'S SIGNATURE: _____ DATE: _____/_____/_____
MM DD YY