

CLAIMANT'S STATEMENT

1. (a) Name of deceased in full (b) Usual residence of deceased (c) Duration of residence in such country	(a) (b) City or Town of.....Parish of (c) Country.....Duration..... Years
2. (a) Date of Birth (b) Date of Death (c) Occupation at time of death	(a) (b) (c)
3. (a) Was deceased married, single, widowed or divorced? (b) If Married, (1) Number of children living (2) Number of children deceased	(a) (b) (1) Their ages being..... (2)..... Their ages at death being.....

(If the policy contains a family term benefit provision please complete question on the reverse.)

4. (a) When did deceased first complain of not being in usual good health? (b) State all facts within your knowledge regarding the cause and circumstances of death.	(a) (b)
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5. Give names and addresses of all physicians who attended deceased during last 3 years.

NAMES	ADDRESSES	DATES OF ATTENDANCE	DISEASE OR CONDITION

6. Policies under which you are claiming <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">POLICY NUMBER</th> <th style="width: 50%;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"> </td> <td> </td> </tr> </tbody> </table>	POLICY NUMBER	AMOUNT			7. What other life insurance did deceased carry? <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">COMPANY</th> <th style="width: 33%;">DATE OF ISSUE</th> <th style="width: 33%;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	COMPANY	DATE OF ISSUE	AMOUNT			
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8. (a) What is your relationship to deceased? (b) Are you legally entitled to receive the entire proceeds? If not, to how much of the proceeds are you entitled and who is entitled to the balance and in what shares? (c) Are all persons entitled of the full age of 18 years? (d) Who has possession of the policy?	(a) (b) (c) (d)
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9. If an optional settlement is available and you do not desire payment in one sum, state type of settlement desired (see over)
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I, of hereby certify that the above answers are full and true to the best of my knowledge and belief.

I hereby authorize and direct every person or institution of any nature whatsoever and without limiting the generality of the fore-going, any physician, hospital or government agency, to disclose fully to Sagicor Life Jamaica Limited or its duly authorized representative, all information in their possession or within their knowledge respecting deceased, or respecting his health and medical history, and to honour a photographic copy of this authorization; and this shall constitute full and sufficient authority for so doing.

Date at this day of 20.....

..... (Witness) (Signature of Claimant)
 (Address)