



BAF FINANCIAL
& INSURANCE (BAHAMAS) LTD.

AUTHORIZATION OF THE ASSIGNMENT OF POLICY PROCEEDS

DATED AT: _____ ON: _____

IT IS HEREBY AGREED THAT I _____ OF
_____ DO AUTHORIZE BAF TO ISSUE THE PROCEEDS OF POLICY NO. _____
ON THE LIFE OF _____ IN FAVOUR OF:
_____ IN THE AMOUNT OF _____
_____ IN THE AMOUNT OF _____
_____ IN THE AMOUNT OF _____

OR TO BE PAID ON BEHALF OF THE POLICYOWNER TO THE ACCOUNT OF:

NAME: _____

OR TO BE APPLIED TO THE FOLLOWING POLICIES:

POLICY NUMBER	NAME OF INSURED	PREMIUM AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL:		_____

NAME & SIGNATURE OF OWNER / INSURED / BENEFICIARY / EXECUTOR OF ESTATE

SIGN HERE

WITNESS

MANAGER

Revised December 2021