

APPENDIX A

CIL Grenada Branch –Distribution of Funds (Grenada)

Dear Policyholder,

Please refer to the below calculations, detailing the amount due on your claim:

Statement of Payment Due

CLIENT DETAILS

Policyholder Name:

Date of Birth:

Address:

Date of Death (where applicable)

POLICY DETAILS

Policy ID:

Policy Type/Description:

Policy Issue Date:

Valuation Date:

Policy Status at Valuation Date:

Policy Termination Date:

Number of Beneficiaries

One ☐ Estate ☐ Multiple Beneficiaries ☐

Name of Beneficiary/ies:

Relationship

As part of CIL’s claims settlement process, **all approved claims exceeding \$15,576 will be paid an initial distribution amount of 5.5% of the total claim amount.**

Distribution Payable	
Policy Value at [Valuation Date]	
Rate applied for distribution settlement	5.5%
SETTLEMENT AMOUNT	

Acknowledgment and Confirmation

By signing below, I confirm that I understand and accept the settlement terms provided.

Dated at _____

this _____ day of _____, 20_____

Policyholder Name: _____ ID #: _____

Signature of Policyholder: _____

Witnessed by: _____ Date: _____