

# LIFE INSURANCE APPLICATION

## BULA SMART



Please check all details, then complete the relevant areas of the form and return it to:  
 BSP Life (Fiji) Limited, BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji.  
 Telephone: 331 7000 Call Centre: 132 700 Facsimile: 330 8340 Web: www.bsplife.com.fj

### PLEASE COMPLETE ALL DETAILS IN BLOCK LETTERS

(Client Number For Existing Client – For Office Use Only)

#### POLICY OWNER

Given Names  Surname

Mr/Mrs/Miss/Ms

Father's Name

Mailing Address

Telephone Home  Work  Mobile

Email Address

(Client Number For Existing Client – For Office Use Only)

#### LIFE TO BE INSURED

Given Names  Surname

Mr/Mrs/Miss/Ms

Previous Name (if changed)  Father's Name

Home Address

Telephone Home  Work  Mobile

Email Address

Date of Birth  /  /  Gender  Male  Female

Marital Status  Single  Married Relationship to the Policy Owner

Occupation  Nature of Duties

Employer/Group  Period of Employment  Current  Previous

Annual Salary before Tax \$

Payment Frequency  Weekly  Fortnightly  Monthly  Semi-Monthly  Quarterly  Half Yearly  Yearly

#### BENEFIT DETAILS

Name of Benefit	Policy Term	Sum Insured	Yearly Premium	Instalment Premium
Basic Benefit				
		Add Administration Fee		
Attachable Benefit				
		Total Premium		

**Payment to be made**  Direct to BSP Life (Please make cheques payable to BSP Life. Cheques should be marked "not negotiable".)

Group Deduction Group Name

Pay No/FNPF No  (Please complete and attach a Group Deduction Authority if applicable)

Bank Name of Bank  Account Name  Account Number

(Please complete and attach a Bank Deduction Authority if applicable)

**PERSONAL STATEMENT (to be completed by the Life to be Insured only if the Rider is requested)**

1. Have you engaged in or do you intend to engage in Aviation activities other than as a fare-paying passenger on a recognised Passenger air service?  No  Yes ► Please complete an Aviation Supplementary Personal Statement
2. Have you engaged in or do you intend to engage in Boxing, Racing (other than on foot), Parachuting, Skydiving, Hang-gliding, Scuba Diving or Motor Sports?  No  Yes ► Please complete a Hazardous Activities Supplementary Personal Statement

**IMPORTANT NOTE OF THE BASIC BENEFIT**

If the Life to be insured dies before the fifth (5th) Policy Anniversary Date and provided the Bula Smart Policy is in force, the following benefits shall apply if policy conditions are satisfied:

- a. for any Accidental Death, payment of the Sum Insured plus declared bonuses, or
- b. for death caused by other means, refund of total premiums paid for the Basic Benefit plus interest compounded at a rate determined by BSP Life

If the Life to be insured dies on or after the fifth (5th) Policy Anniversary Date the following shall apply:

- The Sum Insured plus declared bonuses is payable as the Death Benefit provided the Bula Smart Policy is in force.

**INSURANCE ADVISORS/THIRD PARTY DECLARATION**

**IMPORTANT NOTICE**

This declaration must be completed if this application form has been filled in by a BSP Life Insurance Advisor or, any person other than the **Life to be Insured/Policy Owner**.

1. I \_\_\_\_\_ of \_\_\_\_\_ occupation \_\_\_\_\_ certify that the Life to be Insured/Policy Owner was unable to fill in this application on the Life to be Insured/Policy Owner's behalf.
2. I certify that the information given to me by the Life to be Insured/Policy Owner has been accurately and honestly recorded by me in this application form.
3. I certify that the information filled out in this application form has been read back to the Life to be Insured/Policy Owner and explained to him/her in the English/Fijian/Hindi/Chinese/Other language and the Life to be Insured/Policy Owner understands its content thereof.

**Name and Signature of BSP Life Insurance Advisor/Third Party**

Signed at: \_\_\_\_\_

Date \_\_\_\_\_

**Name and Signature of Witness**

Signed at: \_\_\_\_\_

Date \_\_\_\_\_

**DECLARATION AND CONSENT**

**IMPORTANT NOTICE**

**Your duty of Disclosure**

Before you enter into this contract of Insurance (“Insurance”) you have a duty to disclose to BSP Life (Fiji) Limited (“BSP Life”) every matter that you know or could reasonably be expected to know which is relevant to its decision whether to accept the risk of the Insurance and if so on what terms.

You have the same duty to disclose those matters to BSP Life before you apply to vary or reinstate the Insurance cover. If you fail to comply with your duty of disclosure to BSP Life and it would not have issued the insurance on the same items if disclosure had been made, BSP Life may cancel and void the insurance from inception.

**The below named Life to be Insured and Policy Owner declare and agree that**

1. The above answers have been entered by me/us and have been checked by me/us.
2. **I hereby declare** that the Advisor has fully explained the contents and questions of this application to me and that he/she has recorded the replies as per my dictation. I further declare that I have signed the application form only after ensuring that I have understood its contents and the replies have been correctly recorded therein.
3. **I/We have** read the notice explaining my/our duty of disclosure and all the statements contained in this Application are true and complete to the best of my/our knowledge.
4. **I/We understand** the Insurance proposed in this Application WILL NOT COMMENCE until this Application has been accepted by BSP Life and the initial premium has been received by BSP Life.
5. **I/We will be bound** by the standard conditions applicable to the proposed Insurance upon BSP Life’s acceptance of this Application.
6. **I/We understand** that this Application does not cover any benefit payable in the event of death or disability occurring from war or war service, however defined and including war against terrorism whether war be declared or not, or warlike operation, or civil or political commotion or civil or political unrest or terrorist attack.
7. **I/We understand** that the following will be paid as the Death Benefit for the Basic Benefit if the Life to be Insured dies before the fifth (5th) Policy Anniversary Date and provided the Policy has been in force:
  - a. Sum Insured plus declared bonuses for any Accidental Death, or
  - b. refund of total premiums paid for the Base Cover plus interest compounded at a rate determined by BSP Life at the time of payment, if death is caused by other means.
8. **I/We understand** that the Sum Insured plus declared bonuses will be payable as the Death Benefit for the Basic Benefit if the Life to be Insured dies on or after the fifth (5th) Policy Anniversary Date, otherwise the Survivor and Maturity Benefits apply
9. Tick only one of (a) or (b)
  - a. **I agree** that my contact information contained on this Application be disclosed to other entities within, managed or contracted by BSP Life for the purpose of marketing products to me that are offered from time to time or for the purpose of customer surveys and authorise those entities to seek access to that information. I understand that my personal information and confidential information about my health will not be disclosed to third parties, only my contact information.
  - b. **I do not agree** that information contained on this Application be disclosed to other entities within, managed or contracted by BSP Life.
10. Tick only one of (a) or (b)
  - a. **I agree** that BSP Life is able to send me information from entities of the BSP Group, including BSP bank and BSP Finance for the purpose of marketing products to me that are offered from time to time.
  - b. **I do not agree** that BSP Life is able to send me information from entities of the BSP Group for the purpose of marketing products to me that are offered from time to time.

**I/We agree that a photocopy of this authority will be valid as an original.**

**Signature of Life to be Insured or Left/Right Thumb Print**

Name in full	Signed at:	Date	Thumb Print - Life Insured
Signature			

**Signature of Witness**

Name in full	Signed at:		
Signature			

**Signature of Policy Owner or Left/Right Thumb Print**

Name in full - Policy Owner	Signed at:	Date	Thumb Print - Policy Owner
Signature			

**Signature of Witness**

Name in full	Signed at:		
Signature			

**To be completed if the proposer is under the age of 18**

**I consent to this insurance.  
Consent signified by  
(Parent/Guardian)**

Name in full - Signature of Parent/Guardian	Signed at:	Date
Signature		

**Signature of Witness**

Name in full	Signed at:	Date
Signature		

**NOMINATION OF BENEFICIARY**

(NOTE: If the Beneficiary is under 21 years old a **Trustee Nomination Form** must also be completed).

In accordance with Section 152 of the Fiji Insurance Act, 1998, I hereby nominate the following person/people as beneficiary(ies) in the event of my death.

Name	Age	Relationship	Father's Name	%

**Signature of Policy Owner**

Name in full - Policy Owner	Signed at:	Date
Signature		

Thumb Print - Policy Owner
-------------------------------

**Signature of Witness**

Name in full	Signed at:	
Signature		

**TO BE COMPLETED BY YOUR BSP LIFE INSURANCE ADVISOR**

<b>Insurance Advisor Name</b>		<b>Agency Number</b>	<b>Sales Unit</b>
<b>Quality Rating</b>	<b>Deposit Premium Details</b>		
	Cheque no. ( ) Paid at ..... on / /		
	Cash ( ) on / /		
Do you expect that this insurance will replace all or part of an existing policy or proposal or one discontinued within the last 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ If YES, please give the previous policy/proposal number and the reasons for replacement.		I hereby certify that to the best of my knowledge I have explained to the Policy Owner all the benefits proposed including the refund of premiums if death occurs within the first five years unless accidental, the questions on this form, and the importance of this application. Signature of Insurance Advisor  Date:	
NOTES		Signature of Sales Unit Manager	
		Date:	
		<b>Policy Document to be</b>	<input type="checkbox"/> Personally Delivered <input type="checkbox"/> Posted

**FOR OFFICE USE ONLY**

<b>Receipt No.</b>	<b>Date Paid</b>	<b>Amount</b>	<b>Proposal No.</b>
--------------------	------------------	---------------	---------------------

**EXISTING POLICY DETAILS (For Waiver or Life Insured)**

Policy No.	Personal or Keyman	Benefit Code	Life Sum Insured	Attached Benefit Sum Insured	N/M	Loading or Exclusion

Action	Initial	Date	ASSESSMENT PANEL			
Proposal Signed			Age Admit	Commencement Date	Reass Indic	MIC
Application Received						
CLAS Searched			Product	Rating	Code	Initial & Date
CLAS Entered			Basic			
Assessment Entered			Accidental Death Benefit			
Policy Printed						
Policy Checked						
Policy Dispatched						
Application Cancelled						

<b>Reinsurance Details:</b> Acceptance Date:
Assessment Number: Client ID Number:

<b>SPECIAL CONDITIONS/EXCLUSIONS</b>
--------------------------------------

