

Life Proposal Checklist

BSP Life (Fiji) Limited

This information must be checked against the relevant documents with correct details fully completed. Tick only the applicable fields.

#	DETAILS	TICK	#	DETAILS	TICK
1	Quality Rating		2	BLIS Quote #	
#	POLICY OWNER DETAILS				TICK
3	Name & DOB matches ID				
4	Gender, Place of Birth, Citizenship/Residency, PEP status				
5	Correct & valid contact details/numbers				
6	Valid ID with DOB				
7	Secret question & answer				
8	Email Address				
9	Postal & Residential Address				
10	Beneficiaries/Trustees details & beneficiary allocations total 100%				
11	Policy owner bank account details				
#	PRIMARY LIFE TO BE INSURED, SPOUSE & WAIVER LIFE DETAILS				TICK
12	Names & DOB matches ID				
13	Gender, Place of Birth, Citizenship/Residency, Relationship to Policy Owner				
14	Correct & valid contact details/numbers				
15	Valid ID's with DOB				
16	Base product, riders and sums insured, terms, premiums matches BLIS quote				
17	Medical declarations (<i>height/weight/usual medical attendant/etc.</i>)				
18	Health declarations (<i>health conditions/substance usage/etc.</i>)				
19	Gender question for Male/Female only				
20	Occupations, duties and income details				
#	PREMIUM PAYMENT DETAILS				TICK
21	Salary	Group name & employee number			
22	Deduction	Payer's name & EDP/salary number			
23	Direct / Bank	APP <\$5,000, deposit premium paid & receipt copy attached			
24	Deduction	Payer's bank, account name & account number			
#	OTHER DETAILS & FORMS				TICK
25	Insurance Advisor/Third party declaration				
26	Proposal correctly signed by all parties, dated & witnessed				
27	Spouse / Waiver Life application form				
28	Salary Deduction Authority				
29	Bank Order (<i>BSP, ANZ, BOB, BRED, HFC, WBC</i>)				
30	CDD form – Letter of Identification by Insurance Advisor				
31	Covid-19 Supplementary Personal Statement				
32	Other Supplementary Personal Statements (SPS) forms				
33	Signed Statements				
34	Medical Report, ECG, Blood Tests, etc.				
35	Payslip, Bank Statement, Personal Financial Reports, etc.				
36	Needs Assessment Questionnaire (<i>ignore Section F, if using Affordability Calculator</i>)				
37	Quality Assessment Calculator (<i>affordability calculator</i>)				
38	Other Forms				

I,.....(Insurance Advisor Name), hereby confirm that I fully completed the above