

# NOMINATION OF BENEFICIARY

Please check all details, then complete the relevant areas of the form and return it to:  
BSP Life Customer Services Centre, Ground Floor, BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji.  
Telephone: (679) 331 7000 Call Centre: 132 700 Facsimile: (679) 330 8955 Website: www.bsplife.com.fj



## PLEASE READ THESE NOTES:

- Please complete all details in BLOCK LETTERS and tick the appropriate boxes.
- This is to be completed for change of beneficiary for Medical, Term Life, and Life Insurance Policies.
- This must be signed by the Policy Owner.
- You can nominate any person or registered company as your beneficiary.
- If beneficiary is less than 18 years, a Trustee who is 18 years and above is to be appointed. Please complete the section indicated for the Trustee. Only one Trustee may be nominated by you. The Trustee's consent must be obtained for beneficiaries under the age of 18 years.

## Section A: Policy Details

Policy Number(s):	Policy Type: Medical <input type="checkbox"/>	Term <input type="checkbox"/>	Life <input type="checkbox"/>
Title:	First Name:	Middle Name:	
Last Name:			Date of Birth: dd/mm/yyyy

## Section B: Nomination of Beneficiary(ies) (If Individual complete (i), if Legal Entity complete(ii))

Complete in this section the details of the Beneficiary(ies) you are nominating for your policy.

In accordance with Section 152 of the Insurance Act, I hereby nominate:

(i)	Full Name of Individuals	Date of Birth	Relationship of Life Insured	Percentage Distribution
		dd/mm/yyyy		
		dd/mm/yyyy		
		dd/mm/yyyy		
		dd/mm/yyyy		
	Total (must equate to 100%)			
(ii)	Legal Entity Name:			
	Contact Person Name/Position:			
	Registered Address:	Contact:		

## Section C: Appointed Trustee for Minor Beneficiary(ies)

Complete this section if your nominated beneficiary(ies) in Section B (i) is under the age of 18 years.

### Appointed Trustee Details

Name of Trustee:	Date of Birth: dd/mm/yyyy		
Residential Address:			
Postal Address:	Email Address:		
Work Phone:	Home Phone:	Mobile:	Facsimile:

## Section D: Trustee Consent (This section is completed by the Trustee if your nominated beneficiary(ies) is under the age of 18.)

I consent to be appointed as Trustee and agree to hold moneys payable under the Policy for the minor(s) nominated in this Form.

Full Name of Trustee:	
Signature:	Date: dd/mm/yyyy

## Section E: Declaration

"I confirm the details in this form are correct and request that the nominated beneficiaries are recorded against my Policy effective from [\_\_\_\_/\_\_\_\_/\_\_\_\_] and this nomination supersedes all prior nominations."

Full Name of Policy Owner:	
Signature:	Date: dd/mm/yyyy