

CHANGE ACCOUNT PAYABLE DETAILS



Please return this form to BSP Life Customer Service Centre, Ground Floor, BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji or to your nearest BSP Life Customer Service Centre. If you have any questions please contact us on Telephone: (679) 331 7000 Customer Contact Centre: 132 700

PLEASE READ THESE NOTES:

- Please complete all details in BLOCK LETTERS and tick the appropriate boxes.
- In this form, BSP Life (Fiji) Limited or BSP Health Care (Fiji) Limited, as applicable, is referred to as "BSP Life".
- This form must be completed for changes to the account payable details for this policy and must be signed by the Policy Owner.
- Where executed by a company, please ensure that it is properly executed by the Company in accordance with its constituent documents.
- If any of your personal details require updating, please contact our office for a Change Personal Details form.

Section A: Policy Details

Policy Number:	Policy Owner:
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Section B: Account Payable Details

For efficient payment processing, BSP Life makes payments by Electronic Funds Transfer directly into the bank account nominated by you. Please ensure that the nominated bank account details are correct. Please advise BSP Life of any changes to your nominated bank account details. If changes have not been advised, BSP Life will not be held responsible for payments made to the last known authorised bank account details or to a third party account if payment is authorised by you and you indemnify BSP Life to the fullest extent possible from any liability whatsoever arising from the payment of funds into the nominated account.

Bank Name:	Bank Account Number:	Bank Account Name:
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Section C: Declaration by Policy Owner

I/We the Policy Owner or Authorised Person (*if Organisation*) declare that:

- The account payable details on this Policy must be updated as per the details in this application.
- All information has been entered, checked and verified as true and correct.

Full Name:		
Signature/Thumb Print:	Signed at:	Date:

Execution by Witness:

Full Name:		
Address:		
Signature:	Signed at:	Date: