

BF&M LIFE INSURANCE COMPANY LIMITED

CHECKLIST – INDIVIDUAL APPLICATION

(Note – this checklist must be filled in completely and signed by the appropriate staff member prior to issuance of required policies.)

(Note – this checklist must be used for every application by an individual taking out an Individual Golden Accumulator Educational Savings Policy with BF&M Life.)

Name – _____

Date of Application – _____

Place of Birth – _____

Nationality – _____

Residential Address – _____

Name of Employer – _____

Work Address – _____

Home Telephone Number – _____

Work Telephone Number – _____

Occupation – _____

Signature of Applicant – _____

Copy of Current Passport showing picture / Copy of Driver’s License showing picture (enclosed) and must be signed and dated by the Individual making the photocopy and the Policyholder.