



“peace of mind”



Application Sheet

INSURED DETAILS:		
Name (First, Middle, Last) Male__ Female__		Date of Birth (dd/mm/yr)
Residence Address		Telephone No:
Parish	Postal Code	Proof of Identification
POLICY OWNER DETAILS (IF OTHER THAN INSURED):		
Name (First, Middle, Last Male____ Female____		Date of Birth (dd/mm/yr)
Relationship to person insured:		
Residence Address		Telephone No:
Parish	Postal Code	Proof of Identification
BENEFICIARY DETAILS:		
Name (First, Middle, Last)		Relationship to Proposed Insured:
Trustee (if Beneficiary is under 18)		Telephone No. for Trustee:
COVERAGE DETAILS:		
Face Amount:		Annual Premium:
Mode (Monthly, Quarterly, Semi-Annually or Annually)		

PLAN DETAILS:

- Initial Death Benefit: If death, other than by accidental means, occurs during the first two years following the issue of your Policy, there will be a return of the premiums paid with interest at a rate of 3%.
- Accidental Death Benefit: If death occurs as a result of accidental means during the first two years following the issue of your Policy, the Face Amount will be paid. If death occurs as a result of accidental means after two full years following the issue of your Policy, an amount equal to two times the Face Amount will be paid. This benefit will cease at age 70.
- Cash Surrender Value: Your policy provides for a cash value after the end of the third full year following the issue date.

AUTHORIZATION AND AGREEMENT:

I hereby declare and agree that:

- The insured is not terminally ill or bedridden, does not currently receive kidney dialysis or require oxygen use, and has not been informed that he/she has an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDs related complex (ARC).
- The information above is full, true and complete.
- No insurance shall take effect until a Certificate is issued and the first premium is received by BF&M Life Insurance Company Ltd.

Dated at _____ this _____ day of _____, 20_____.

Signature of Insured: _____ Signature of Policyowner: _____

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