



For the adviser to complete and sign.

This form must be attached to new member documentation only when completing unsupported member applications and/or enrolling employer supported members where commission percentages need reducing. If you are setting up a new plan with new members please use the New plan submission form.

Plan details

Plan name	Plan reference (if known)

EASY check list for new member submissions

Please tick the completed forms or information.

For employer sponsored members

- EASY/EXTRA start member enrolment
- External rollover/transfer request (if applicable)
- Health questionnaire/personal statement (if applicable)
- Contribution and allocation details (if applicable)

For unsupported members

- Unsupported member application
- Health questionnaire/personal statement (if applicable)

Total number of members submitted

Adviser details

		%
Adviser name	Adviser number	Comm split
		%
Adviser name	Adviser number	Comm split

Commission percentages

Your commission is automatically 100% for transfers, rollovers and special contributions unless you nominate another percentage over the page. Additional information if required – if insufficient space, please attach a memo.

Same day sales – complete for unsupported members only.

Have you, within the previous 24 hours, sold another policy or membership to a customer as a result of unsolicited contact:

- on the same site (eg house, workplace, flats), or
- from the same community group (eg sporting club, ethnic association)? Yes No

Name of site/community group

If yes, please tick the appropriate boxes below

- All the other policies I have sold on this site/to this community group within the last 24 hours have been risk policies.
- I have previously provided life insurance advice to the prospective member.
- The prospective member asked me to attend the site/community group.

If you cannot tick at least one of the boxes above, you cannot complete the sale today as it infringes the same day sale prohibition in the Life Insurance Code of Practice.

(Note: A risk policy has no savings element and will cover Life Insurance, Total and Permanent Disablement Insurance, Income Protection and Trauma Insurance only).

Declaration

I declare that the above statement and information is correct and true and I acknowledge responsibility for their completeness and accuracy.

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Name	Telephone number
X	/ /
Signature	Date

