



## Termination of Employment Form

*This form must be completed in full.*

*Employer must complete section 1 and sign. Member must complete section 2, 3 and 4 (if applicable) and sign page 3.*

### 1. Employer information (\*all fields are mandatory)

Member name (first/middle/last):		
DOB (dd-mmm-yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Insurance Number (SIN):
Policy number:	Member ID:	
Date employed (dd-mmm-yyyy):	Last pay period for deduction of contributions (mmm-yyyy):	
Expected remittance date (dd-mmm-yyyy):	Expected remittance amount: \$	
Plan entry date (dd-mmm-yyyy):	Termination date (dd-mmm-yyyy):	
Signatory name:		
Sign:	Date (dd-mmm-yyyy):	

### 2. Member information (\*all fields are mandatory)

Phone: H	W	C	Email:
Residential address:			
I hereby declare that my employment with the above-named employer terminated on (dd-mmm-yyyy):			

#### Verification information (may require additional documentation dependent upon type of policy)

Residency: <input type="checkbox"/> Bermuda* <input type="checkbox"/> Overseas**	Proof of identity+ attached:	ID #:
Proof of residence/physical address++ attached (must be dated within last 3 months):		

\* Bermuda residents (on-island) must provide certified proof of ID and residence. \*\* Overseas residents must provide notarized proof of ID and residence.

+ Proof of identity: Passport (preferred), driver's licence or other Government-issued photo ID). ++ Proof of residence: Utility bill, Bank statement, land tax invoice, other proof of residence.

### 3. Options upon termination of employment

**i** Please select one of the options below. If no option is selected, this will result in delays in Member's vested account balance including any voluntary contributions of funds being disbursed.

**Transfer my account balance to my new employer's group pension plan**

Name of new employer:

Administrator of employer's plan:

Policy number:

**Transfer my account balance into a BF&M Flex Account Retirement Plan**

Flex policy number:

**Retirement plan** (requires a meeting with a BF&M retirement specialist)

**Request my non-vested account balance, voluntary and/or pre-money** (if permitted by policy)

Please provide payment details in section 4.

### 3. Options upon termination of employment (cont'd)

**Other** (please provide separate instruction where permitted under the policy)

Please provide additional details:

### 4. Payment instructions (only complete if you are receiving a return of your non-vested account balance, voluntary and/or pre-money)

Local bank transfer (complete section 4A)  Overseas wire bank transfer (complete section 4B)

#### A. Local bank information (complete for payment to banks in Bermuda)

**i** The bank account name **MUST** include the name of the policy owner (single or joint account). Any conversion or foreign exchange fees are at the cost of the Member.

Account name:  Currency\*:  BMD  USD

HSBC account number:

BNTB account number:

Clarien account number:

*\* Any costs associated with the foreign exchange conversion will be deducted from the amount to be paid.*

#### B. Overseas bank account information (complete this section for payment to banks outside of Bermuda)

**i** Overseas transactions may be subject to additional bank fees deducted by the receiving bank. Please provide the name as it appears on the account.

Beneficiary bank name:  SWIFT or ABA code:

Beneficiary bank address:

Correspondent bank name (if required):  SWIFT or ABA code:

Correspondent bank address:

Final beneficiary name (first/middle/last):

Final beneficiary address:

Final beneficiary account number:

IBAN number (for European, Middle Eastern and Caribbean countries):

Currency\*:  USD  CAD  GBP  EUR  Other:

*\* Any costs associated with the foreign exchange conversion will be deducted from the amount to be paid.*

### Important information

- The termination will be processed after receiving the completed and signed Termination of Employment and the last contribution due, as identified in the Employer section above, along with AML documentation required above.
- If no option is elected by the Member within 90 days of termination, the vested balance of the Member's account, including any voluntary contributions, will be transferred into an Unclaimed Pension account, invested in a guaranteed interest account product.

### Authorisation and declaration

By signing this form, I confirm/understand that:

- The information provided above is complete and true.
- I am the owner or joint owner of the bank account number provided.
- I authorise BF&M Life Insurance Company to credit funds as instructed in section 4.
- Any errors or omissions concerning the information provided on this form are my/our responsibility.
- Any discrepancy in the information provided on this form may cause delay in the disbursement of the funds.

### Data protection declaration

By signing this form, I confirm/understand that:

- I consent to BF&M processing my personal data in accordance with BF&M's Privacy Policy ([www.bfm.bm/privacy](http://www.bfm.bm/privacy)).
- I understand that I may withdraw my consent at any time by email to [privacy@bfm.bm](mailto:privacy@bfm.bm) but that may impact BF&M's ability to provide insurance, pension or related services or pay insurance claims/pension benefits.

I submit this application and fully understand that by checking the "ACCEPT TERMS" box below, I confirm that I understand and agree with the declaration set out above.

**ACCEPT TERMS**

Member name: <input type="text"/>	
Sign: <input type="text"/>	Date (dd-mmm-yyyy): <input type="text"/>

**If you have any questions, please contact Customer Care by any of the following methods:**

Email: [customer@bfm.bm](mailto:customer@bfm.bm) Phone: +1 441 298 0358

### For BF&M official use only

Processed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Verified by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_