Death Claim – Claimant / Beneficiary Statement

CLEAR FORM

This form must be completed in full. Please print.

1. Insured information

Clear Section

Name (first/middle/last):	Gender: ☐ Male ☐ Female
Last known residential address:	
DOB (dd-mmm-yyyy):	Place of birth:
Date of death (dd-mmm-yyyy):	Copy of death certificate attached (required for disbursement of benefit): ☐ Yes ☐ No
Place of death:	
Cause of death (if known):	
Employer's name:	
Policy number (if known):	Certificate number (if known):
Occupation (if known):	

2. Claimant / Beneficiary information

Clear Section

All claimant beneficiaries and/or trustees, executors, administrators or powers of attorney must complete this section below in order to receive payment. Documents submitted for proof of identity must be certified. The banking account name must include the name of the claimant (single or joint account). All funds are payable in the currency of the policy.

Beneficiary type: ☐ Beneficiary ☐ Trustee ☐ Executor ☐ Administrator ☐ Power of attorney ☐ Trust or charity*		
Beneficiary name (first/middle/last):		Gender: ☐ Male ☐ Female
DOB (dd-mmm-yyyy):	Age:	Nationality:
Relationship to deceased:		Capacity:
Address:		
Phone: H	W C	Email:
Proof of identity attached (certified Government-issued photo ID): ☐ Driver's license ☐ Passport ☐ Other Government-issued photo ID		
Proof of address attached (utility bill, bank statement or land tax invoice dated within last 3 months): ☐ Yes ☐ No		

Legal name (first/middle/last or entity name*):		Gender: ☐ Male ☐ Female
DOB (dd-mmm-yyyy):	Age:	Nationality:
Relationship to deceased:		Capacity:
Address:		
Phone: H	W C	Email:
Proof of identity attached (certified Government-issued photo ID): ☐ Driver's license ☐ Passport ☐ Other Government-issued photo ID		
Registration number (trust or charity):	Registration date (dd-mmm-yyyy):	Location:

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3. Payment information

Clear Section

Please indicate settlement desired (if available): ☐ Lump sum ☐ Other:

Local bank information (complete for payment to banks in Bermuda) Clear Section

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

Account name:

Entity account name (must be linked to entity name):

☐ HSBC account number:

☐ BNTB account number:

☐ Clarien account number:

Overseas bank account information (complete for payment to banks outside of Bermuda) Clear Section

ⓘ **The bank account name MUST include the name of the claimant – single or joint account. All funds are payable in the currency of the policy.**

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:

Declaration

Claimant/Beneficiary declaration and signature

By signing this form, I confirm/understand that:

- *The furnishing of forms by BF&M does not constitute an admission that there is any assurance in force.*
- *The information provided on this form and attachments is true and complete.*
- *That confirmation of proof of death (i.e. death certificate and/or coroner's letter) is required and that disbursement of benefits will not be paid until such is received.*
- *A photocopy of this authorisation is as valid as the original.*

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Declaration (cont'd)

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).*
- *I understand that I may withdraw my consent at any time by email to privacy@bfm.bm but that may impact BF&M's ability to provide insurance or related services or pay insurance claims benefits.*

I submit this application and fully understand that by checking the "ACCEPT TERMS" box below, I confirm that I (in my capacity as Claimant/Beneficiary) understand and agree with the declaration set out above and on the previous page.

☐ **ACCEPT TERMS**

Name:	
Sign:	Date (dd-mmm-yyyy):

Witness name:	
Sign:	Date (dd-mmm-yyyy):

For BF&M official use only

Policy type: ☐ Individual insurance ☐ Group insurance

Date processed: ____/____/____ Admin: _____ Comments: _____