



Personal Information Change Form

This form must be completed in full. Please print.

1. Member information (*all fields are mandatory)

Member name (first/middle/last):			
Policy number:	Member ID:		
Name of Employer (for group policies only):			
DOB (dd-mmm-yyyy):	Social Insurance Number (SIN):		
Phone: H	W	C	Email:
Residential address:			
Mailing address (if applicable):			

2. Name and address change details (may require additional documentation upon type of policy)

A. Name change Please change my name to the following:

Proof of identity attached (Certified valid Government-issued photo ID):	ID #:
Old name (first/middle/last):	
New name (first/middle/last):	
Proof of name change provided: <input type="checkbox"/> Marriage certificate <input type="checkbox"/> Birth certificate <input type="checkbox"/> Deed poll	

B. Address change Please change my address to the following:

Proof of residence attached (must be dated within last 3 months):	<input type="checkbox"/> Utility bill	<input type="checkbox"/> Bank statement	<input type="checkbox"/> Land tax invoice	<input type="checkbox"/> Other
New residential address:				
New mailing address:				

Declaration

By signing this form, I confirm/understand that:

- The information provided above is complete and true.
- I authorise BF&M Life Insurance Company to update my policy as instructed in section 2.
- Any errors or omissions concerning the information provided on this form are my/our responsibility.

Data protection declaration

By signing this form, I confirm/understand that:

- I consent to BF&M processing my personal data, including my health and medical 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, pension or related services or pay insurance claims/pension benefits.
- I confirm that any personal data I provide to BF&M in respect of any third party, is done with that third party's consent and knowledge of BF&M's processing of their personal data.

Declaration (cont'd)

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 on the previous page.

ACCEPT TERMS

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

Please submit the completed form to the BF&M Pensions Department by email to bfmpensions@bfm.bm.