



## Beneficiary Change Form

Please make and retain a copy for your records.

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

Member name (first/middle/last):	
DOB (dd-mmm-yyyy):	Social Insurance Number (SIN):
Employer name (Group policies only):	
Policy #:	Member ID:

### 2. Beneficiary information

**i** I hereby appoint the following beneficiary(s) to receive the amount designated under this policy upon my death. This beneficiary designation revokes and voids any and all previous beneficiary designations for this policy as of the date this form is received by BF&M Life Insurance Company Limited.

Beneficiary 1			Share %
Name (first/middle/last):	DOB (dd-mmm-yyyy):		
Nationality (please list all known):	Relationship to member:		
Phone:	Email:		

Beneficiary 2			Share %
Name (first/middle/last):	DOB (dd-mmm-yyyy):		
Nationality (please list all known):	Relationship to member:		
Phone:	Email:		

Beneficiary 3			Share %
Name (first/middle/last):	DOB (dd-mmm-yyyy):		
Nationality (please list all known):	Relationship to member:		
Phone:	Email:		

**i** The total share % for all beneficiaries must add to 100%. Total share:  %

Trustee	
<b>i</b> A Trustee must be named if any beneficiary(ies) is under the age of 18.	
Name (first/middle/last):	DOB (dd-mmm-yyyy):
Relationship to beneficiary:	Relationship to member:
Nationality (please list all known):	
Phone:	Email:

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## Declaration

By signing this form, I confirm/understand that:

- I authorise BF&M Limited to change my BF&M Policy beneficiary and/or trustees records as outlined on this form.
- This document will stand as the final record.
- I acknowledge that this beneficiary change revokes and voids any and all previous beneficiary designations for this policy as of the date this form is signed.

### 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 or related services or pay insurance claims benefits.
- If I have provided personal information relating to any third party, I confirm that I have received their consent for BF&M to process their personal information in line with the privacy notice.

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

**ACCEPT TERMS**

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