

Electronic Funds Transfer Form



| INSURED EMPLOYEE INFORMATION | | |
|---|-------------------------------|--|
| Policy number | Certificate number | Employer |
| Insured last name | First name | Middle name |
| Address | | |
| Parish | Postal code | |
| Home phone | Cell phone | Work phone |
| Email 1 | | |
| Email 2 | | |
| Date of Birth <i>DD / MM / YY</i> | Age | |
| Preferred method of communication Mail <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> | | |
| BANKING INFORMATION Please note: Transfers may only be made to the primary insured member's account | | |
| Name as it appears on account (It must be an account based in Bermuda) | | |
| Bank Account Number | Bank | HSBC <input type="checkbox"/> BNTB <input type="checkbox"/> Clarien <input type="checkbox"/> |
| DECLARATION | | |
| I (we) hereby authorize BF&M Life Insurance Company to automatically credit funds into the account mentioned above. Any errors or omissions concerning the information provided on this form are my/our responsibility. This form certifies that the individual(s) referenced above have authority to sign on behalf of this account. | | |
| <input type="checkbox"/> Signature 1 | <input type="checkbox"/> Date | |
| <input type="checkbox"/> Signature 2 | <input type="checkbox"/> Date | |

Questions?

Call: (441) 295-5566 ext. 4007

Email: bfm@bfm.bm

Complete and submit the form to BF&M by any of these methods:

Fax: (441) 296-8740

Scan and email: eftinfo@bfm.bm

Mail: P.O. Box HM 1007 Hamilton HM DX Bermuda

By Hand: BF&M Insurance Building, 112 Pitts Bay Road, Pembroke HM 08, Bermuda

BF&M LIFE INSURANCE COMPANY LIMITED

INSURANCE BUILDING • PO BOX HM 1007 • HAMILTON HM DX • BERMUDA • TELEPHONE: 441-295-5566 • FAX: 441-295-8647