



BF&M Life Insurance Company Limited

PENSION ENROLLMENT FORM - FOR SEG PLANS

Pension0001 Version 1.4 15Mar05

THIS SECTION IS TO BE COMPLETED BY THE **EMPLOYER** (PLEASE PRINT)

SECTION A – EMPLOYER’S STATEMENT

NAME OF EMPLOYER _____ POLICY NO. _____

NAME OF MEMBER _____
LAST FIRST MIDDLE

DATE EMPLOYED _____ PLAN ENTRY DATE _____
DAY / MONTH / YEAR (Contribution Start date) DAY / MONTH / YEAR

EMPLOYER’S SIGNATURE: _____ DATE _____
DAY / MONTH / YEAR

SECTIONS B-D ARE TO BE COMPLETED BY THE **MEMBER** (PLEASE PRINT)

SECTION B – MEMBER’S STATEMENT

MEMBER NAME _____ GENDER: F M
LAST FIRST MIDDLE

DATE OF BIRTH _____ MARITAL STATUS: _____ Bermudian Non-Bermudian Spouse-of-Bermudian
DAY / MONTH / YEAR

MAILING ADDRESS: _____ Postal code _____

PHONE: _____ (HOME) _____ (WORK) _____ (CELL) EMAIL: _____

SECTION C - BENEFICIARY

I hereby appoint the following beneficiaries to receive any amount due under the said policy on my death:

NAME _____ DOB _____ RELATIONSHIP _____ PERCENTAGE _____
LAST FIRST MIDDLE DAY / MONTH / YEAR

NAME _____ DOB _____ RELATIONSHIP _____ PERCENTAGE _____
LAST FIRST MIDDLE DAY / MONTH / YEAR

FOR BENEFICIARIES UNDER THE AGE OF 18 YEARS A TRUSTEE IS REQUIRED:

NAME OF TRUSTEE _____ RELATIONSHIP _____

SECTION D – INVESTMENT SELECTION

Please complete the Investment Risk Strategy Quiz and select the following:

Preferred Profile:

- Guaranteed Return Profile
- Conservative Profile
- Moderate Profile
- Accumulator Profile
- Stable Growth Profile
- Growth Profile
- Aggressive Profile

MEMBER’S SIGNATURE: _____ DATE _____
DAY / MONTH / YEAR

SECTION E - THIS SECTION IS TO BE COMPLETED BY THE INSURANCE COMPANY MEMBER #: _____

PROCESSED BY: _____ DATE: _____ VERIFIED BY: _____ DATE: _____