



BF&M Life Insurance Company Limited

PENSION CHANGE REQUEST - BENEFICIARY

Pension0008 Version 1.3 21Apr2004

SECTION A – TO BE COMPLETED BY THE **MEMBER** (PLEASE PRINT)

MEMBER NAME _____
LAST FIRST MIDDLE

DATE OF BIRTH _____ MEMBER NO. _____

NAME OF EMPLOYER _____ POLICY NO. _____

I hereby authorize BF&M Life Insurance Company Limited to change my beneficiaries and do hereby revoke all previous beneficiary appointments and 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

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 _____

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

SECTION B - THIS SECTION IS TO BE COMPLETED BY THE **INSURANCE COMPANY**

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