



# BF&M Life Insurance Company Limited

## FLEX ACCOUNT 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: \_\_\_\_\_