



BF&M Life Insurance Company Limited

**PENSION CHANGE REQUEST - PERSONAL INFORMATION**

Pension0007 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. \_\_\_\_\_

Please change my name as follows:

MEMBER'S OLD NAME \_\_\_\_\_  
LAST FIRST MIDDLE

MEMBER'S NEW NAME \_\_\_\_\_  
LAST FIRST MIDDLE

I certify that this new name refers to the same member noted above.

*BF&M Life Insurance Company Limited will require additional proof of change of name (e.g. marriage certificate or deed poll) to be attached to this form before proceeding with this change.*

Please change my address to the following:

MAILING ADDRESS: \_\_\_\_\_ Postal code

PHONE: \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) EMAIL: \_\_\_\_\_

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: \_\_\_\_\_