



BF&M Life Insurance Company Limited

FLEX ACCOUNT 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: _____