



BF&M PENSION – PERSONAL INFORMATION CHANGE FORM

Version 1

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

Member Name: _____
Last First Middle

Member ID: _____ SIN: _____ Date of Birth (dd/mm/yyyy): _____

Name of Employer: _____ Policy No: _____
(group plans only)

Mailing Address: _____

Phone: _____ (H) _____ (W) _____ (C) E-mail: _____

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: _____

Phone: _____ (H) _____ (W) _____ (C) E-mail: _____

Member's Signature: _____ Date: _____

SECTION B – TO BE COMPLETED BY BF&M

Processed by:		Date:		Verified by:		Date:	
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