



Cash Withdrawal Form

This form must be completed in full.

1. Member information (*all fields are mandatory)

Employer name (Group policies only):	<input type="text"/>	Policy #:	<input type="text"/>
Member name (first/middle/last):	<input type="text"/>	Member ID:	<input type="text"/>
Former name(s):	<input type="text"/>	Occupation:	<input type="text"/>
DOB (dd-mmm-yyyy):	<input type="text"/>	Social Insurance Number (SIN):	<input type="text"/>
Place of birth (city and country):	<input type="text"/>	Nationality (list all):	<input type="text"/>
Address: <input type="text"/>			
Mailing address (if applicable): <input type="text"/>			
Phone: H	<input type="text"/>	W	<input type="text"/>
C	<input type="text"/>	Email:	<input type="text"/>

Verification information (may require additional documentation dependent upon type of policy)

Residency:	<input type="checkbox"/> Bermuda*	<input type="checkbox"/> Overseas**	Proof of identity+ attached:	<input type="text"/>	ID #:	<input type="text"/>
Proof of residence/physical address++ attached (must be dated within last 3 months): <input type="text"/>						

* Bermuda residents (on-island) must provide certified proof of ID and residence. ** Overseas residents must provide notarized proof of ID and residence.

+ Proof of identity: Passport (preferred), driver's licence or other Government-issued photo ID). ++ Proof of residence: Utility bill, Bank statement, land tax invoice, other proof of residence.

2. Payment instructions

<input type="checkbox"/> Local bank transfer (complete section 2A)	<input type="checkbox"/> Overseas wire bank transfer (complete section 2B)
Amount to be withdrawn*: \$ <input type="text"/>	Currency*: <input type="checkbox"/> BMD <input type="checkbox"/> USD
Indicate reason for withdrawal (required):	
<input type="text"/>	

* There is a minimum cash withdrawal of \$1,000.00 or 100% of the voluntary and non-locked in funds, whichever is less.

A. Local bank information (complete for payment to banks in Bermuda)

i The bank account name MUST include the name of the policy owner (single or joint account). Any conversion or foreign exchange fees are at the cost of the Member.

Account name: <input type="text"/>	Currency*: <input type="checkbox"/> BMD <input type="checkbox"/> USD
<input type="checkbox"/> HSBC account number: <input type="text"/>	
<input type="checkbox"/> BNTB account number: <input type="text"/>	
<input type="checkbox"/> Clarien account number: <input type="text"/>	

* Any costs associated with the foreign exchange conversion will be deducted from the amount to be paid.

B. Overseas bank account information (complete this section for payment to banks outside of Bermuda)

i Overseas transactions may be subject to additional bank fees deducted by the receiving bank. Please provide the name as it appears on the account.

Beneficiary bank name: <input type="text"/>	SWIFT or ABA code: <input type="text"/>
Beneficiary bank address: <input type="text"/>	

2. Payment instructions (cont'd)

Correspondent bank name (if required):	<input type="text"/>	SWIFT or ABA code:	<input type="text"/>
Correspondent bank address: <input type="text"/>			
Final beneficiary name (first/middle/last): <input type="text"/>			
Final beneficiary address: <input type="text"/>			
Final beneficiary account number: <input type="text"/>			
IBAN number (for European, Middle Eastern and Caribbean countries): <input type="text"/>			
Currency*: <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> Other: <input type="text"/>			

*Any costs associated with the foreign exchange conversion will be deducted from the amount to be paid.

Authorisation and declaration

By signing this form, I confirm/understand that:

- The information provided above is complete and true.
- I am the owner or joint owner of the bank account number provided.
- I authorise BF&M Life Insurance Company to credit funds as instructed in section 2.
- Any errors or omissions concerning the information provided on this form are my/our responsibility.
- Any discrepancy in the information provided on this form may cause delay in the disbursement of the funds.

Data protection declaration

By signing this form, I confirm/understand that:

- I consent to BF&M processing my personal data in accordance with BF&M's Privacy Policy (www.bfm.bm/privacy).
- I understand that I may withdraw my consent at any time by email to privacy@bfm.bm but that may impact BF&M's ability to provide insurance, pension or related services or pay insurance claims/pension benefits.

I submit this application and fully understand that by checking the "ACCEPT TERMS" box below, I confirm that I understand and agree with the declaration set out above.

ACCEPT TERMS

Member name: <input type="text"/>	
Sign: <input type="text"/>	Date (dd-mmm-yyyy): <input type="text"/>

If you have any questions, please contact Customer Care by any of the following methods:

Email: customercare@bfm.bm Phone: +1 441 298 0358

For BF&M official use only

Processed by: _____ Date: ____/____/____ Verified by: _____ Date: ____/____/____