

Electronic Funds Transfer Form



SUPPLIER INFORMATION		
Supplier name		
Specialty (optional)		
Address		
Parish Pos	t code	Fax
Home phone	Cell phone	Work phone
Email 1		
Email 2		
Are you an existing or new supplier? Existing New		
Primary contact		Secondary contact

BANKING INFORMATION			
Name as it appears on account (It must be an account based in Bermuda)			
Bank Account Number	Bank	HSBC	BNTB Clarien

DECLARATION
I (we) hereby authorize BF&M Life Insurance Company to automatically credit funds into the account mentioned above. Any errors or omissions concerning the information provided on this form are my/our responsibility. This form certifies that the individual(s) referenced above have authority to sign on behalf of this account.

Signature 1	Date
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Signature 2	Date
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Questions?

Call: (441) 295-5566 ext. 2283

Email: bfm@bfm.bm

Complete and submit the form to BF&M by any of these methods:

Fax: (441) 296-0052

Scan and email: eftinfo@bfm.bm

Mail: P.O. Box HM 1007 Hamilton HM DX Bermuda

By Hand: BF&M Insurance Building, 112 Pitts Bay Road, Pembroke HM 08, Bermuda

BF&M LIFE INSURANCE COMPANY LIMITED

INSURANCE BUILDING • PO BOX HM 1007 • HAMILTON HM DX • BERMUDA • TELEPHONE: 441-295-5566 • FAX: 441-295-8647