



# BF&M PENSION – CASH WITHDRAWAL FORM

Version 4

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

Member Name: \_\_\_\_\_  
Last First Middle

Name of Employer: \_\_\_\_\_ Policy No: \_\_\_\_\_  
(for group policies only)

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

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) E-mail: \_\_\_\_\_

\*As verification of identity, please provide a certified copy of a valid passport, driver's license or other Bermuda government ID card (this can be done at our reception)

Amount to be withdrawn\*: \_\_\_\_\_ BD\$  US\$  Other\*\*

\* Amount to be withdrawn must be a minimum of \$1,000 or 100% of the voluntary and non-locked-in funds, whichever is less.

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

### Payment Options:

HSBC Cheque  To be Collected

BNTB Cheque  To be Mailed

Overseas Cheque

Local Bank Transfer  (Please complete details below)

Bank Name and Account #: \_\_\_\_\_

Accountholder Name  
(if a joint account – include both names): \_\_\_\_\_

Overseas Wire Transfer  Currency: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Full Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Swift Code: \_\_\_\_\_

Account Name: \_\_\_\_\_

Member signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

## SECTION B – TO BE COMPLETED BY BF&M

Processed by:		Date:		Verified by:		Date:	
---------------	--	-------	--	--------------	--	-------	--