



Death Claim – Claimant / Beneficiary Statement

1. Insured information

Name (First/Middle/Last):			Gender:	Male	Female
Last known residential address:					
DOB (dd-mmm-yyyy):		Place of birth:			
Date of death (dd-mmm-yyyy):		Copy of death certificate attached (Required for disbursement of benefit):	Yes	No	
Place of death:					
Cause of death (if known):					
Employer's name:					
Policy number (if known):		Certificate number (if known):			
Occupation (if known):					

2. Claimant / Beneficiary Information

i All claimant beneficiaries and/or trustees, executors, administrators or powers of attorney must complete this section below in order to receive payment. Documents submitted for proof of identity must be certified. The banking account name must include the name of the claimant (single or joint account). All funds are payable in the currency of the policy.

Beneficiary type:	Beneficiary	Trustee	Executor	Administrator	Power of attorney	Trust or charity*
Beneficiary name (First/Middle/Last):			Gender:	Male	Female	
DOB (dd-mmm-yyyy):		Age:		Nationality:		
Relationship to deceased:			Capacity:			
Address:						
Phone: H		W		C		Email:
Proof of identity attached (Valid Government-issued photo ID):	Driver's license	Passport	Other Government-issued photo ID			
Proof of address attached (Utility bill, bank statement or land tax invoice dated within last 3 months):	Yes	No				
Legal name (First/Middle/Last or Entity name*):			Gender:	Male	Female	
DOB (dd-mmm-yyyy):		Age:		Nationality:		
Relationship to deceased:			Capacity:			
Address:						
Phone: H		W		C		Email:
Proof of identity attached (Valid Government-issued photo ID):	Driver's license	Passport	Other Government-issued photo ID			
Registration number (Trust or charity):		Registration date:		Location:		

3. Payment information

Please indicate settlement desired (if available): Lump sum Other:

Local bank information (Complete for payment to banks in Bermuda)

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

Account name:

Entity account name (Must be linked to entity name):

HSBC account number:

BNTB account number:

Clarien account number:

Overseas bank account information (Complete for payment to banks outside of Bermuda)

i The bank account name **MUST** include the name of the claimant – single or joint account. All funds are payable in the currency of the policy.

Beneficiary bank name: SWIFT or ABA code:

Beneficiary bank address:

Correspondent bank name (if required): SWIFT or ABA code:

Correspondent bank address:

Final beneficiary name (First/Middle/Last):

Final beneficiary address:

Final beneficiary account number:

IBAN number (For European, Middle Eastern and Caribbean countries):

Currency: USD CAD GBP EUR Other:

Declaration

Claimant / Beneficiary declaration and signature

By signing this form, I confirm/understand that:

- The furnishing of forms by BF&M does not constitute an admission that there is any assurance in force.
- The information provided on this form and attachments is true and complete.
- That confirmation of proof of death (i.e. death certificate and/or coroner's letter) is required and that disbursement of benefits will not be paid until such is received.
- A photocopy of this authorisation is as valid as the original.

Declaration (cont'd)

Data protection declaration

By signing this form, I confirm/understand that:

- I previously provided BF&M with consent to process my personal data in accordance with BF&M's Privacy Policy (www.bfm.bm/privacy).
- I may withdraw my consent at any time by email to privacy@bfm.bm or by informing my agent/sales representative in writing.
- Such withdrawal may impact BF&M's ability to provide insurance or pay insurance claims.

I submit this application and fully understand that by checking the "ACCEPT TERMS" box below, I confirm that I (in my capacity as Claimant / Beneficiary) understand and agree with the declaration set out above.

ACCEPT TERMS

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

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

For BF&M official use only

Policy type: Individual Insurance Group Insurance

Date processed: ____/____/____ Admin: _____ Comments: _____