



Termination of Employment Form

This form must be completed in full. Please print.

Employer must complete section 1 and sign. Member must complete section 2, 3 and 4 (if applicable) and sign page 3.

1. Employer information (*all fields are mandatory)

Member name (first/middle/last):		
DOB (dd-mmm-yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Insurance Number (SIN):
Policy number:	Member ID:	
Date employed (dd-mmm-yyyy):	Last pay period for deduction of contributions (mmm-yyyy):	
Expected remittance date (dd-mmm-yyyy):	Expected remittance amount: \$	
Plan entry date (dd-mmm-yyyy):	Termination date (dd-mmm-yyyy):	

Employer name:
Sign: Date (dd-mmm-yyyy):

2. Member information (*all fields are mandatory)

Phone: H	W	C	Email:
Mailing address:			
I hereby declare that my employment with the above-named employer terminated on (dd-mmm-yyyy):			

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

Proof of identity attached (Certified valid Government-issued photo ID):	ID #:
Proof of residence attached (must be dated within last 3 months): <input type="checkbox"/> Utility bill <input type="checkbox"/> Bank statement <input type="checkbox"/> Land tax invoice <input type="checkbox"/> Other	

3. Options upon termination of employment

A retirement plan – draw down or annuity, to be purchased with my vested account balance. Need to meet with a BF&M retirement specialist to review options

A transfer of my account balance into a BF&M Flex Account Retirement Plan

Flex policy number:

A transfer of my account balance to my new employer's group pension plan

Name of new employer:

Administrator of employer's plan:

Policy number:

A return of my non-vested account balance, voluntary and/or pre-money (if permitted by policy)

Please provide payment details in section 4.

Other (please provide separate instruction where permitted under the policy)

If other, please provide additional details:

4. Payment instructions (only complete if you are receiving a return of your non-vested account balance, voluntary and/or pre-money)

Cheque (complete section 4a) Local bank transfer (complete section 4b) Overseas wire bank transfer (complete section 4c)

A. Cheque type and delivery method

Cheque type: Local Overseas Currency*: BMD USD Delivery method: To be collected To be mailed

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

B. 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: Currency*: BMD USD

HSBC account number:

BNTB account number:

Clarien account number:

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

C. 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: 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:

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

Important information

- The termination will be processed after receiving the completed and signed Termination of Employment for Non-Registered Plans Form and the last contribution due, as identified in the Employer section above, along with AML documentation required above.
- If no option is elected by the Member within 90 days of termination, the vested balance of the Member's account, including any voluntary contributions, will be transferred into an Unclaimed Pension account, invested in a guaranteed interest account product.

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 4.
- 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 previously provided BF&M with consent to process my personal data and 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 or complete instructions on your Pension account.

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

For BF&M official use only

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