



Cash Withdrawal Form

This form must be completed in full. Please print.

1. Member information (*All fields are mandatory)

Employer name (Group policies only):		Policy #:
Member name (First/Middle/Last):		Member ID:
Former name(s):	Occupation:	
DOB (dd-mmm-yyyy):	Social Insurance Number (SIN):	
Place of birth (city and country):	Nationality (list all):	
Phone: H	W	C
Email:		
Residential address:		
Mailing address (if applicable):		

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):	

Utility bill
 Bank statement
 Land tax invoice
 Other

2. Payment instructions

Cheque (complete section 2a)
 Local bank transfer (complete section 2b)
 Overseas wire bank transfer (complete section 2c)

Amount to be withdrawn*: \$ Currency: BD US

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

Indicate reason for withdrawal **(required)**:

A. Cheque type and delivery method

Local cheque
 Overseas cheque
 To be collected
 To be mailed

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:

HSBC account number:

BNTB account number:

Clarien account number:

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

i 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"/>			
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.

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

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 pension or related services, pay insurance claims or complete instructions on my pension account.

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

ACCEPT TERMS

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

For BF&M official use only

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