BF&M PENSION – BENEFICIARY ELECTION FORM

Version 1

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

Member Name: _____
Last First Middle

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

Name of Employer: (for group policies) _____ Policy No: _____

Mailing Address: _____

_____

Phone: _____ (H) _____ (W) _____ (C) E-mail: _____

I hereby authorize BF&M Life Insurance Company Limited to change my beneficiaries and do hereby revoke all previous beneficiary appointments and hereby appoint the following beneficiaries to receive any amount due under this policy upon my death. (All primary beneficiaries must add to 100% and all contingent beneficiaries must add to 100%. If additional space is required, attach an additional Beneficiary Election Form.)

Name: _____ DOB: _____
Last First Middle dd/mm/yyyy

Relationship: _____ Percentage: _____ Beneficiary Type: Primary ☐ or Contingent ☐

Address: _____ Phone: _____

Name: _____ DOB: _____
Last First Middle dd/mm/yyyy

Relationship: _____ Percentage: _____ Beneficiary Type: Primary ☐ or Contingent ☐

Address: _____ Phone: _____

Name: _____ DOB: _____
Last First Middle dd/mm/yyyy

Relationship: _____ Percentage: _____ Beneficiary Type: Primary ☐ or Contingent ☐

Address: _____ Phone: _____

FOR BENEFICIARIES UNDER THE AGE OF 18, A TRUSTEE MUST BE NAMED:

Name of Trustee: _____ Relation: _____
Last First Middle

Address: _____ Phone: _____

Member Signature: _____ **Date (dd/mm/yyyy):** _____

SECTION B – TO BE COMPLETED BY BF&M

Processed by:		Date:		Verified by:		Date:	