



Electronic Funds Transfer Form – Insured

Complete this form to receive payment or Health claim reimbursement by direct deposit. Please print.

1. Insured information

Electronic transfer applicant: <input type="checkbox"/> Insured <input type="checkbox"/> Dependent of insured	
Policy number: <input type="text"/>	Certificate number: <input type="text"/>
Employer (if applicable): <input type="text"/>	
Insured name (first/middle/last): <input type="text"/>	DOB (dd-mmm-yyyy): <input type="text"/>
Residential address: <input type="text"/>	
Phone: H <input type="text"/> W <input type="text"/> C <input type="text"/>	Email: <input type="text"/>
Proof of identity attached (certified Government-issued photo ID): <input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Other Government-issued photo ID	

2. Communication method

Preferred method of communication: <input type="checkbox"/> Email <input type="checkbox"/> Mail

3. Bank information

i The bank account must include the name of the insured (single or joint account). The account must be based in Bermuda and payable in Bermuda dollars only.

Account name: <input type="text"/>
<input type="checkbox"/> HSBC account number: <input type="text"/>
<input type="checkbox"/> BNTB account number: <input type="text"/>
<input type="checkbox"/> Clarien account number: <input type="text"/>

Authorisation and declaration

Insured declaration and signature

By signing this form, I confirm/understand that:

- The information provided on this form and attachments is true and complete.
- I authorise BF&M Life Insurance Company to automatically credit funds into the account provided above. Should the account details above change it is my responsibility to notify BF&M of the change.
- Any errors or omissions concerning the information provided on this form are my/our responsibility.
- This form certifies that the individual(s) referenced above have authority to sign on behalf of this account.
- A photocopy of this authorisation is as valid as the original.

Authorisation and declaration (cont'd)

Data protection declaration

By signing this form, 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 insurance or related services or pay insurance claims benefits.
- If I have provided personal information relating to any third party, I confirm that I have received their consent for BF&M to process their personal information in line with the privacy notice.

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

ACCEPT TERMS

Name 1: <input type="text"/>	
Sign: <input type="text"/>	Date (dd-mmm-yyyy): <input type="text"/>

Name 2: <input type="text"/>	
Sign: <input type="text"/>	Date (dd-mmm-yyyy): <input type="text"/>

Please return the fully completed forms and supporting documents to BF&M by any of these methods:

Mail: BF&M Life Insurance Company Limited, Attention: Customer Care, P.O. Box HM 1007, Hamilton HM DX, Bermuda

By hand: BF&M Life Insurance Company Limited, BF&M Insurance Building, Attention: Customer Care, 112 Pitts Bay Road, Pembroke HM 08, Bermuda

Email: eftinfo@bfm.bm or customercare@bfm.bm Phone: +1 441 298 0358 Fax: +1 441 296 8740

For BF&M official use only

Date processed: ____/____/____ Date scanned: ____/____/____ ZenD confirmed: ____/____/____ Admin: _____