

# Electronic Funds Transfer Form



INSURED EMPLOYEE INFORMATION		
Policy number	Certificate number	Employer
Insured last name	First name	Middle name
Address		
Parish	Postal code	
Home phone	Cell phone	Work phone
Email 1		
Email 2		
Date of Birth <i>DD / MM / YY</i>	Age	
Preferred method of communication    Mail <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/>		
BANKING INFORMATION    Please note: Transfers may only be made to the primary insured member's account		
Name as it appears on account (It must be an account based in Bermuda)		
Bank Account Number	Bank	HSBC <input type="checkbox"/> BNTB <input type="checkbox"/> Clarien <input type="checkbox"/>
DECLARATION		
I (we) hereby authorize BF&M Life Insurance Company to automatically credit funds into the account mentioned above. 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.		
<input type="checkbox"/> Signature 1	<input type="checkbox"/> Date	
<input type="checkbox"/> Signature 2	<input type="checkbox"/> Date	

### Questions?

Call: (441) 295-5566 ext. 4007

Email: [bfm@bfm.bm](mailto:bfm@bfm.bm)

### Complete and submit the form to BF&M by any of these methods:

Fax: (441) 296-8740

Scan and email: [eftinfo@bfm.bm](mailto:eftinfo@bfm.bm)

Mail: P.O. Box HM 1007 Hamilton HM DX Bermuda

By Hand: BF&M Insurance Building, 112 Pitts Bay Road, Pembroke HM 08, Bermuda

**BF&M LIFE INSURANCE COMPANY LIMITED**

INSURANCE BUILDING • PO BOX HM 1007 • HAMILTON HM DX • BERMUDA • TELEPHONE: 441-295-5566 • FAX: 441-295-8647