



DIRECT DEBIT REQUEST – Individual Pension or Savings Plan

Policy Number:

Product: Flex Account
 Individual Savings
 Educational Savings

Bank Account Holder Name(s)

Bank: HSBC BNTB Clarien

Bank Account # (to be debited)

Amount to be debited: \$

Monthly Annually

Payment Details

The first debit will be made on (dd/mm/yyyy) / / on a **monthly** or **annual** installment basis as selected above.

Direct Debit Payment Agreement:

I (we) hereby authorize BF&M Life Insurance Company Limited to automatically debit funds from my (our) Bank account indicated above to deposit a voluntary contribution into the above mentioned pension or savings product. BF&M Life Insurance Company Limited's authorization to debit my (our) account will remain in full force and effect until I (we) notify BF&M Life Insurance Company Limited in writing of its cancellation at least 30 days prior to the next debit date.

Account Holder Signature 1*

Date (dd/mm/yyyy)

Account Holder Signature 2

Date (dd/mm/yyyy)

**If the bank account is held in the name of more than one person, either two signatures are required or Account Holder 1 confirms that the account does not require two signatures.*

Please return the completed form to the Pensions Department

by e-mail: bfmpensions@bfm.bm or by fax: 441-295-0866

BF&M LIFE INSURANCE COMPANY LIMITED

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