



Direct Debit Request Form

This form must be completed in full. Please print.

1. Member information (*all fields are mandatory)

<input type="checkbox"/> New	<input type="checkbox"/> Update to existing instruction	Member name (first/middle/last):	
DOB (dd-mmm-yyyy):		Social Insurance Number (SIN):	
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 (Certified, must be dated within the last 3 months):	
<input type="checkbox"/> Utility bill <input type="checkbox"/> Bank statement <input type="checkbox"/> Land tax invoice <input type="checkbox"/> Other	

2. Policy information

Policy type:	<input type="checkbox"/> Flex Account Retirement Plan	<input type="checkbox"/> Individual Savings Plan	<input type="checkbox"/> Educational Savings Plan
Policy number:	Member ID:		

3. Banking information

i The bank account name **MUST** include the name of the policy owner (single or joint account).

Account name:	Currency: <input type="checkbox"/> BMD <input type="checkbox"/> USD
<input type="checkbox"/> HSBC account number:	
<input type="checkbox"/> BNTB account number:	
<input type="checkbox"/> Clarien account number:	
Amount to be debited: \$	Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
The first debit will be made on (dd-mmm-yyyy): and continue on a monthly or annual basis as selected above.	

Direct Debit Payment Agreement:

I (we) hereby authorise 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 authorisation 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.

Declaration

By signing this form, I confirm/understand that:

- The information provided above is complete and true.
- I authorise BF&M Life Insurance Company to debit my bank account as instructed in section 3.
- Any errors or omissions concerning the information provided on this form are my/our responsibility.

Data protection declaration

By signing this form, I confirm/understand that:

- I consent to BF&M processing my personal data, including my health and medical 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, pension or related services or pay insurance claims/pension benefits.
- I confirm that any personal data I provide to BF&M in respect of any third party, is done with that third party's consent and knowledge of BF&M's processing of their personal data.

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

ACCEPT TERMS

If the bank account is held in the name of more than one person, two signatures are required.

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

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

Please submit the completed form to the BF&M Pensions Department by email to bfmpensions@bfm.bm.