



BF&M PENSION – AUTHORIZATION FOR ELECTRONIC COMMUNICATION

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: _____ Policy No: _____
(for group policies only)

Mailing Address: _____

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

Please change my written statement and other communication preference from paper to electronic communication.

My preferred and secondary e-mail addresses for all communication relating to my pension and/or savings account(s) are as follows (please print clearly):

Preferred e-mail: _____

Secondary e-mail: _____

Member signature: _____ Date (dd/mm/yyyy): _____

SECTION B – TO BE COMPLETED BY BF&M

Processed by:		Date:		Verified by:		Date:	
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