



Authorisation for Electronic Communication Form

This form must be completed in full. Please print.

1. Member information (*all fields are mandatory)

Member name (first/middle/last):		
DOB (dd-mmm-yyyy):	Social Insurance Number (SIN):	
Phone: H	W	C
Residential address:		
Mailing address (if applicable):		

2. Policy information (**if you hold multiple Pension or Savings accounts with BF&M, please list all policy numbers)

Name of Employer (for group policies only):	
Policy number:	Member ID:
Policy number:	Member ID:
Policy number:	Member ID:

3. Member email

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 email:	Secondary email:
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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 update my accounts 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.

Declaration (cont'd)

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 on the previous page.

ACCEPT TERMS

Name: <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.