



Shareholder Replacement Payment Request

This form must be completed in full.

1. Shareholder information

Shareholder registration name(s)*: <input type="text"/>			
Contact name (if different than above): <input type="text"/>			
Residential address: <input type="text"/>			
Phone: H	<input type="text"/>	W	<input type="text"/>
C	<input type="text"/>	Email:	<input type="text"/>
Proof of identity attached (photo ID): <input type="checkbox"/> Driver's licence <input type="checkbox"/> Passport		Preferred method of communication: <input type="checkbox"/> Email <input type="checkbox"/> Mail	

*Name as it appears on the share certificate(s)/notices.

2. Bank information

i The bank account must include the name of the shareholder (single or joint account). The account must be based in Bermuda and payable in Bermuda dollars only.

Account name:	<input type="text"/>
<input type="checkbox"/> HSBC account number:	<input type="text"/>
<input type="checkbox"/> BNTB account number:	<input type="text"/>
<input type="checkbox"/> Clarien account number:	<input type="text"/>

3. Dividend replacement details

Date issued (dd-mmm-yyyy)	Amount	Cheque number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Authorisation and declaration

Data protection declaration

By signing this form, I confirm/understand that:

- I consent to BF&M processing my personal data in accordance with BF&M's privacy policy (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 or related services or pay insurance claims benefits.
- If I have provided personal information relating to any third party, I confirm that I have received their consent for BF&M to process their personal information in line with the privacy notice.

ACCEPT TERMS

Name: <input type="text"/>	
Sign: <input type="text"/>	Date (dd-mmm-yyyy): <input type="text"/>