



Butterfield

CREDIT CARD TRANSFER REQUEST FORM

Card Services

Transfer request applying for: [ ] MasterCard® Standard [ ] Butterfield / AAdvantage® MasterCard® Standard [ ] Butterfield / AAdvantage MasterCard® Gold [ ] Butterfield / AAdvantage MasterCard® Platinum [ ] Visa Classic [ ] British Airways Visa Platinum

Are you currently an American Airlines AAdvantage Member? If "YES" please enter your AAdvantage number: \_\_\_\_\_

Are you currently a British Airways Executive Club Member? If "YES" please enter your British Airways Executive Club number: \_\_\_\_\_

TELL US ABOUT YOURSELF (PRIMARY CARDHOLDER)

[ ] Mr. [ ] Mrs. First Name: Middle Name: Last Name: [ ] Miss [ ] Ms.

ADDRESS: Street No. & Name Parish Postal Code

Total Years at Address: Previous Address (if less than 2 years at current address): Total Years at Previous Address:

MAILING ADDRESS (if different from the address above):

Home Tel: Work Tel: Mobile Tel: E-mail (Mandatory for BA Visa Platinum):

Birthdate (dd/mm/yyyy): Mother's Maiden Name (for ID purposes):

PAYMENT

Payment to be made in: [ ] U.S. Dollars [ ] Bermuda Dollars Requested Credit Limit:

Auto-Payment: [ ] Yes [ ] No [ ] Minimum Payment [ ] Total Balance [ ] Fixed \$ Amount: Debit BNTB Acct #:

Card to be: [ ] Mailed Pick up at: [ ] Head Office [ ] Rosebank [ ] Somerset [ ] St. George's [ ] Waterfront

BALANCE PROTECTION PROGRAMME

Would you like to insure your card balance? [ ] No [ ] Yes (cost \$0.28/\$100 balance)

Note: The Balance Protection Programme is complimentary for British Airways Visa Platinum cardholders and AAdvantage MasterCard Platinum and Black cardholders. I understand that to be eligible for coverage I must be a minimum of 18 years of age and under 65 and that my coverage will be bound by the terms stated in the insurance policy issued by Freisenbruch-Meyer Insurance Ltd. I authorise the applicable monthly premiums to be charged to my credit card account for the coverage provided by the Balance Protection Programme. This authorisation will continue until cancelled by my notification to The Bank of N.T. Butterfield & Son Limited. Charges will begin after processing of this application form has been completed.

CARD #1: JOINT CARDHOLDER

[ ] Mr. [ ] Mrs. First Name Middle Name Last Name Signature [ ] Miss [ ] Ms.

Acct # to be closed \_\_\_\_\_ BANK USE ONLY Transfer Limit \$ \_\_\_\_\_ Transfer Balance \$ \_\_\_\_\_

CARD #2: JOINT CARDHOLDER

[ ] Mr. [ ] Mrs. First Name Middle Name Last Name Signature [ ] Miss [ ] Ms.

Acct # to be closed \_\_\_\_\_ BANK USE ONLY Transfer Limit \$ \_\_\_\_\_ Transfer Balance \$ \_\_\_\_\_

CARD #3: JOINT CARDHOLDER

[ ] Mr. [ ] Mrs. First Name Middle Name Last Name Signature [ ] Miss [ ] Ms.

Acct # to be closed \_\_\_\_\_ BANK USE ONLY Transfer Limit \$ \_\_\_\_\_ Transfer Balance \$ \_\_\_\_\_

Note: Please complete a second transfer request from if more than four accounts are being consolidated.

SIGN BELOW

I hereby certify the above-mentioned to be true and complete. If this application is accepted by The Bank of N.T. Butterfield & Son Limited (the Bank), I request you close the above-mentioned credit card accounts and issue new credit card(s) as designated above. I agree to the Terms and Conditions of the Butterfield Bank Cardholder Agreement accompanying the card(s).

Primary Cardholder Signature: \_\_\_\_\_

BANK USE ONLY [ ] Approved Total Limit: \$ \_\_\_\_\_ [ ] Not Approved Account Number \_\_\_\_\_

Officer's Signature: Date: Manager's Signature:

IMPORTANT NOTES: If you have monthly standing orders (e.g. magazine subscriptions), you must supply your new credit card number for future orders. Your old accounts will be closed seven business days after receipt of this transfer request. Please destroy your old cards upon receipt of your new credit card. This transfer request must not exceed your current limit; otherwise credit approval will be required. Supplementary cards are the responsibility of the Primary Cardholder.