

**BANK ACCOUNT UPDATE FORM FOR ALL ACCOUNT HOLDERS AND SIGNATORIES**

All bank accounts with The Bank of N.T. Butterfield & Son Limited shall be governed by the General Terms & Conditions as modified from time to time and as posted on the Bank's website or Banking Centre Welcome areas.



Butterfield

Account Name and Mailing address \_\_\_\_\_

Account Number(s) \_\_\_\_\_

**CUSTOMER INFORMATION**

**Primary**

**Joint**

First & middle names | \_\_\_\_\_

Last name | \_\_\_\_\_

Previous name (including maiden name or change by deed poll) | \_\_\_\_\_

Street address and postal code | \_\_\_\_\_

| \_\_\_\_\_

Gender  Male  Female  Male  Female

ID type and number, (e.g. passport) | \_\_\_\_\_

Date of birth (dd/mm/yyyy) | \_\_\_\_\_

Country of birth | \_\_\_\_\_

Country(ies) of citizenship | \_\_\_\_\_

Do you hold a passport for any other country?  Yes  No  Yes  No

Are you (or will you be) ordinarily resident in Bermuda?  Yes  No  Yes  No

Are you a resident for tax purposes of any country other than Bermuda?  Yes  No  Yes  No

If Yes, please list country(ies) of residency for tax purposes and corresponding Social Insurance / similar Taxpayer Identification Number (where applicable):

Country | \_\_\_\_\_ Country | \_\_\_\_\_

TIN number | \_\_\_\_\_ TIN number | \_\_\_\_\_

Phone details \_\_\_\_\_

Work Home Mobile Work Home Mobile

E-mail | \_\_\_\_\_

Occupation | \_\_\_\_\_

Employer | \_\_\_\_\_

Mother's maiden name | \_\_\_\_\_

(for security purposes)

Are you a close associate or immediate family member of a politically exposed person (PEP)?  Yes  No  Yes  No

If yes, provide name of PEP | \_\_\_\_\_

**OPERATION OF ACCOUNT**

What is the purpose of this account(s)? \_\_\_\_\_

Is this account being held for the benefit of another party other than those named on the account?  Yes  No

If so, please state their name: \_\_\_\_\_

**ACCOUNT FINANCIAL DETAILS**

Estimated total monthly incoming funds \$ | \_\_\_\_\_ Estimated total monthly outgoing funds \$ | \_\_\_\_\_

(Combined totals for all accounts)

Please give details of expected wire activity (i.e. two wires per month to Canada of \$1000 each):

| \_\_\_\_\_

**RIGHT OF SURVIVORSHIP (For joint account holders)** Please select one of the following:

Tenancy in common: upon the death of one of the joint account holders the account balance will be split evenly and the deceased's share of the account balance will pass to the deceased's estate.

Joint tenancy: upon the death of one of the joint account holders the entire account balance vests in the surviving account holder(s).

**DECLARATION**

(i) I/We am/are the beneficial owner(s) or signatory(ies) of the above account.

(ii) This account is not being held in violation of any applicable law.

(iii) I/We confirm that I/we will comply with all tax and exchange control reporting requirements imposed by any applicable jurisdiction in respect to this proposed account.

(iv) The information provided above is true to the best of my/our knowledge, information and belief.

(v)  I am\* currently a US Person  I am not\*\* currently a US Person

I am\* currently a US Person  I am not\*\* currently a US Person

\*This assertion must be supported by a completed IRS form W-9 (accessible from www.IRS.gov)

\*\*Please note that you may be required, under certain circumstances, to provide additional information/documentation confirming your tax status before an account is opened.

Holder signature(s) | \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Clients and other individuals have certain rights with respect to the data held by Butterfield. The details of the individual rights, as well as how we handle the data provided to us, can be found in our Privacy Statement which can be obtained from [www.butterfieldgroup.com](http://www.butterfieldgroup.com) or by contacting LICBermuda@butterfieldgroup.com.

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**BANK USE ONLY**

Completed by (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by name (sign): \_\_\_\_\_ Date: \_\_\_\_\_ Reviewed by (sign): \_\_\_\_\_ Date: \_\_\_\_\_