BUTTERFIELD / AADVANTAGE® GOLD MASTERCARD®
CARDHOLDER APPLICATION FORM

CARD NUMBER

Are you currently an American Airlines AAdvantage Member? (If you do not provide an AAdvantage number, a new one will be assigned upon approval of your Butterfield / AAdvantage® Gold MasterCard®.) ☐ Yes ☐ No If "YES" please enter your AAdvantage number
(If you do not remember, please leave this section blank.)

TELL US ABOUT YOURSELF

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss | First Name | Middle Name | Last Name

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 than the address above):

Home Telephone Number | Work Telephone Number | Mobile Phone | E-mail Address

Birth Date DD/MM/YY | Mother's Maiden Name (for ID purposes)

Social Insurance No | Name of Nearest Relative or friend (not living with you) (for ID purposes) | Telephone Number

Residence ☐ Rent ☐ Own ☐ (Live with) Relatives | Monthly Rent/Mtg. Payments | Balance Owing | Property Value

Name and Address of Mortgage Holder or Landlord | Telephone Number

WHERE DO YOU WORK

Name, address of your present employer | Telephone Number | ☐ Full Time ☐ Part Time ☐ Self-employed ☐ Seasonal | Time with Company Yrs. Mths. | Occupation

Salary **(Minimum Annual Salary $40,000)** $ ☐ Annual ☐ Monthly ☐ Weekly

Other Income (alimony, child support, rent, investments etc.) $ ☐ Annual ☐ Monthly ☐ Weekly

Name, address of your previous employer (if at present less than 2 years) | Telephone Number | ☐ Full Time ☐ Part Time ☐ Self-employed ☐ Seasonal | Time with Company Yrs. Mths. | Occupation

TELL US ABOUT YOUR FINANCIALS

Total Net Worth BANKERS | Name and Address of Previous Bankers

ASSETS		LIABILITIES	CREDITOR	OUTSTANDING AMOUNT	MONTHLY PAYMENT
Type of Accounts	**Account Numbers**	**(use separate sheet if necessary)**			
☐ Chequing		☐ Loans			
☐ Savings		☐ Loans			
☐ Time Deposit		☐ Loans			
☐ Time Deposit		☐ Credit Card			
☐ Investment Account		☐ Credit Card			
☐ Loans		☐ Credit Card			
☐ Other Accounts		☐ Charge Account			
☐ Butterfield Card		☐ Charge Account			

PAYMENT

Card Payment to be made in ☐ U.S. Dollars ☐ Bermuda Dollars

Auto-Payment ☐ Yes ☐ No ☐ Minimum Payment ☐ Total Balance ☐ Fixed Amount $ _____ From Bank of Butterfield Acc #_____

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

REQUESTED CREDIT LIMIT

$ _____

BALANCE PROTECTION PROGRAMME

Would you like to insure your card balance? ☐ **No** ☐ **Yes (cost $0.47/$100 balance)**

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.

SUPPLEMENTARY CARDHOLDER 1

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss | First Name | Middle Name | Last Name | Relationship to Applicant | Signature

SUPPLEMENTARY CARDHOLDER 2

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss | First Name | Middle Name | Last Name | Relationship to Applicant | Signature

SUPPLEMENTARY CARDHOLDER 3

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss | First Name | Middle Name | Last Name | Relationship to Applicant | Signature

I hereby certify the above information to be true and complete. If this application is accepted by The Bank of N. T. Butterfield & Son Limited (the Bank), I request that the credit card be issued to me as designated above. I hereby authorise and consent to the Bank obtaining further information about me and checking the information I have given here and exchanging information about me with other financial institutions. I agree to read and be bound by the Cardholder Agreement. I authorise the Bank to charge my credit card account with the amount of the annual fee(s) in affect from time to time for the card.

Desired Name to appear on Credit Card: _____ Customer Signature: _____ Date: ____ / ____ / _____

Bank use only

☐ Approved Limit: $ ☐ Not Approved

Officer's Signature: **Manager's Signature:**