

ACCOUNT AMENDMENT FORM (If making multiple changes please complete more than one form)

The account owner(s) request to amend their account(s) held with The Bank of N.T. Butterfield & Son Limited, which shall be governed by the Bank's General Terms & Conditions as modified from time to time and as posted on the Bank's website or in Banking Centres.

ADD OR REMOVE ACCOUNT HOLDER OR CHANGE CONTACT INFORMATION **BELOW COLUMN IS PER EXISTING MANDATE**

#	Last Name	First & Middle Name	Resident	If Applicable	Signature of Removed Person (if "all jointly" account)
1			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add <input type="checkbox"/> Remove	

#	Identification		Date of Birth (DD/MMM/YYYY)	Contact Numbers		Physical Address
	Type	Number		Day	Evening	
1						
2						
3						
4						
5						

#	Employer	Occupation	Nationality	E-mail
1				
2				
3				
4				
5				

ADDRESS CHANGE ONLY (a document verifying change of address is required)

Name(s): Date of Birth: (DD/MMM/YYYY)

New Physical Address:

New Mailing Address:

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 or by contacting LICBermuda@butterfieldgroup.com.

The Bank of N.T. Butterfield & Son Limited is licensed to conduct banking business by the Bermuda Monetary Authority.



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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 balance vests in the surviving account holder(s).

OPERATION OF ACCOUNT

What is the purpose of this account?

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

If **Yes**, please state their names:

ACCOUNT FINANCIAL DETAILS

Estimated total monthly incoming funds: \$ Estimated total monthly outgoing funds: \$

(If more than one account holder insert combined total)

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

LIST ALL ACCOUNTS THAT THE ABOVE CHANGES WILL APPLY TO:

Safety Deposit Box: Yes No Butterfield Shares: Yes No

	Account Name	Account#/Card
1.	<input style="width: 470px; height: 20px;" type="text"/>	<input style="width: 330px; height: 20px;" type="text"/>
2.	<input style="width: 470px; height: 20px;" type="text"/>	<input style="width: 330px; height: 20px;" type="text"/>
3.	<input style="width: 470px; height: 20px;" type="text"/>	<input style="width: 330px; height: 20px;" type="text"/>
4.	<input style="width: 470px; height: 20px;" type="text"/>	<input style="width: 330px; height: 20px;" type="text"/>
5.	<input style="width: 470px; height: 20px;" type="text"/>	<input style="width: 330px; height: 20px;" type="text"/>

Signatures are required for all changes. Signatures of persons removed are NOT required below.

#	Signature	Date	Signatory Only	Bank Use Only	CIF#	Please Print
1	<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Existing		Received by:
2	<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Existing		Call Back: <input type="checkbox"/> Yes <input type="checkbox"/> N/A
3	<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Existing		Date and time:
4	<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Existing		Dept. and Ext:
5	<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Existing		

RET 038-11 Ver 04-22