

**CREDIT CARD TRANSFER REQUEST (With in the same limit)**

Card Services

**Note: If you are requesting to increase the current credit limit on your credit card, you will be required to submit a new credit card application form.**

**Type of account to open:** ☐ Butterfield / AAdvantage Standard Mastercard ☐ Butterfield / AAdvantage Platinum Mastercard ☐ Visa Classic  
☐ Butterfield Miles Mastercard Platinum ☐ Visa Platinum

If you are applying for a Butterfield / AAdvantage Mastercard credit card, please enter your AAdvantage number:

**PLEASE NOTE: If you do not provide an AAdvantage number, a new one will be assigned upon approval of your Butterfield / AAdvantage Mastercard**

If you are applying for a Butterfield Miles Mastercard Platinum credit card, please enter your Sir Turtle number:

**PLEASE NOTE: If you are not a Sir Turtle member, please visit [www.caymanairways.com](http://www.caymanairways.com) to apply and provide Sir Turtle rewards number to the bank.**

**\*I understand that there is a charge for this service as indicated in the current schedule of fees for credit cards.**

**PERSONAL DETAILS**

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss. Name: (First) (Middle) (Last)

Mailing address:

Telephone: (Work) (Mobile) E-mail:

Birth date: (DD/MMM/YYYY) Mother's maiden name (for ID purposes):

Type of Account to be Closed: ☐ Butterfield / AAdvantage Standard Mastercard ☐ Butterfield Visa Classic ☐ Butterfield / AAdvantage Platinum Mastercard ☐ Butterfield Visa Platinum ☐ Butterfield Miles Mastercard Platinum  
Account number to be closed: Existing limit on card to be closed:

**PAYMENT****REQUESTED CREDIT LIMIT**

Auto-Payment: ☐ Yes ☐ No ☐ Minimum Payment ☐ Total Statement Balance ☐ Fixed Amount \$ From Butterfield acc#:

I understand that you will carry out this order only if there are sufficient funds in my account on the date of payment. I/We understand that there is a charge for these services as indicated in the current schedule of fees for credit card accounts.

NOTE: AutoPay payments are made on the Payment Due Date to pay amounts due during the previous cycle only. If prior to the payment due date, manual payments are made, or credits processed to the account then AutoPay will pay only the difference between the credit or manual payment made and the expected payment amount.

Please note: After two (2) consecutive months of non sufficient funds (NSF) auto payment will result in the cancellation of AutoPay.

Card to be: ☐ Mailed ☐ Courier to the above address (fees will apply) Picked up at: ☐ Butterfield Place ☐ Camana Bay ☐ Midtown Plaza

**BALANCE PROTECTION PROGRAMME (Only for AAdvantage Standard Mastercard and Visa Classic)**

Note: The Balance Protection Programme is complementary for Visa Platinum and Platinum Mastercard Cardholders.

Would you like to insure your card balance? ☐ Yes ☐ No (cost \$0.28/\$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 Butterfield Bank (Cayman) Limited. Charges will begin after processing of this application form has been completed.

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 [LICayman@butterfieldgroup.com](mailto:LICayman@butterfieldgroup.com). Butterfield Bank (Cayman) Limited is licensed to conduct banking and investment business by the Cayman Islands Monetary Authority. Address: 12 Albert Panton Street, George Town, Grand Cayman, Cayman Islands.

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## SUPPLEMENTARY CARDHOLDER

## Card #1 - Supplementary cardholder

Mr.	Mrs.	Ms.	Miss. Name: (First)	(Middle)	(Last)
Telephone: (Work)		(Mobile)		Relationship to main cardholder:	Signature:
E-mail address:		Date of birth: (DD/MMM/YYYY)		Mother's maiden name:	
Type of account to be closed:	Butterfield / AAdvantage Standard Mastercard		Butterfield Visa Classic		Account number to be closed:
	Butterfield / AAdvantage Platinum Mastercard		Butterfield Visa Platinum		Existing limit on card to be closed:
	Butterfield Miles Mastercard Platinum				

## Card #2 - Supplementary cardholder

Mr.	Mrs.	Ms.	Miss. Name: (First)	(Middle)	(Last)
Telephone: (Work)		(Mobile)		Relationship to main cardholder:	Signature:
E-mail address:		Date of birth: (DD/MMM/YYYY)		Mother's maiden name:	
Type of account to be closed:	Butterfield / AAdvantage Standard Mastercard		Butterfield Visa Classic		Account number to be closed:
	Butterfield / AAdvantage Platinum Mastercard		Butterfield Visa Platinum		Existing limit on card to be closed:
	Butterfield Miles Mastercard Platinum				

## Card #2 - Supplementary cardholder

Mr.	Mrs.	Ms.	Miss. Name: (First)	(Middle)	(Last)
Telephone: (Work)		(Mobile)		Relationship to main cardholder:	Signature:
E-mail address:		Date of birth: (DD/MMM/YYYY)		Mother's maiden name:	
Type of account to be closed:	Butterfield / AAdvantage Standard Mastercard		Butterfield Visa Classic		Account number to be closed:
	Butterfield / AAdvantage Platinum Mastercard		Butterfield Visa Platinum		Existing limit on card to be closed:
	Butterfield Miles Mastercard Platinum				

I hereby certify the above information to be true and complete. If this application is accepted by Butterfield Bank (Cayman) 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 effect from time to time for the card.

Client signature

Name (print)

Date (DD/MMM/YYYY)

By signing this form, I/We request you close my existing Mastercard &/or Visa Card and issue a new Butterfield Mastercard &/or Visa card(s). By signing this form, I/We agree to the Terms and Conditions of the Butterfield Bank Cardholder Agreement accompanying the card(s).

## Bank Use ONLY

Limit: \$	Input by:	Date: (DD/MMM/YYYY)
CIF:	Checked by:	Date: (DD/MMM/YYYY)
Card number:		

IMPORTANT NOTES: If you have monthly standing orders (e.g. magazine subscriptions), you must supply your new Butterfield Mastercard® &/or Visa credit card account 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 Butterfield Mastercard® &/or Visa 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.

Payment made using Butterfield Online Banking, must be updated with your new Butterfield Mastercard® &/or Visa credit card number.