

To: The Board of Trustees
The Bermuda Foundation For Insurance Studies
Suite 197
12 Church Street
Hamilton HM 11
Bermuda

Pledge or Donation

I/We, _____ hereby agree
to make a capital contribution to The Bermuda Foundation for Insurance Studies
in the amount of \$ _____ a year for the next _____ calendar
year(s), commencing _____ .

Signed by _____

Name _____

A duly authorized signatory for and on behalf of the Applicant.

Dated as of this _____ day of _____, _____.