

# PLEDGE FORM

To: The Board of Trustees  
The Bermuda Foundation For Insurance Studies  
P.O. Box HM 2454  
Hamilton HM JX  
Bermuda

I/We, \_\_\_\_\_, hereby agree to make a donation to  
The Bermuda Foundation for Insurance Studies (Bermuda Registered Charity  
#440) in the amount of \$\_\_\_\_\_ for the calendar year(s)  
\_\_\_\_\_.

Signed by \_\_\_\_\_

Name \_\_\_\_\_

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

Dated as of this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

*Payments can be made online to Butterfield Bank:*  
Account name: Bermuda Foundation For Insurance Studies  
BD\$ account: 060 1563770019  
US\$ account: 840 1563770020

Please scan completed form to [jane.bielby@bfis.bm](mailto:jane.bielby@bfis.bm)