



Butterfield

P.O. Box 705 | Grand Cayman KY1-1107, Cayman Islands
Tel: (345) 949 7055 | Fax: (345) 815 7958

www.butterfieldgroup.com

CREDIT CARD TRANSFER REQUEST (Within 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 Visa Gold Visa Platinum

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

PERSONAL DETAILS

Mr. Mrs. Ms. Miss. Name First: _____ Middle: _____ Last: _____
Address: Street No. & Name: _____ Parish/District: _____ Postal Code: _____
Total Years at Address: _____ Previous Address (if less than 2 years at current address): _____ Total Years at Previous Address: _____

Mailing Address: _____

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

Birth Date (DD/MM/YY): _____ 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 Visa Gold
Account Number To Be Closed: _____
Existing Limit on Card to be Closed: _____

PAYMENT

REQUESTED CREDIT LIMIT

Auto-Payment: Yes No Minimum Payment Total Balance Fixed Amount \$ _____ From Butterfield Acc#: _____

Card to be Mailed Picked up at: Butterfield Place Midtown Plaza Governors Square

BALANCE PROTECTION PROGRAMME

(optional for Standard and Platinum card)

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.

SUPPLEMENTARY CARDHOLDER

CARD #1 - SUPPLEMENTARY CARDHOLDER

Mr. Mrs. Ms. Miss. Name First: _____ Middle: _____ Last: _____

Telephone: (Home): _____ (Mobile): _____ Relationship to Main Cardholder: _____ Signature: _____

Type of Account to be Closed: Butterfield / AAdvantage Standard MasterCard Butterfield Visa Classic Butterfield / AAdvantage Platinum MasterCard Butterfield Visa Platinum Butterfield Visa Gold
Account Number To Be Closed: _____
Existing Limit on Card to be Closed: _____

Information Classification: Confidential

Butterfield Bank (Cayman) Limited

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CREDIT CARD TRANSFER REQUEST (Within the same limit) (continued)

Card Services

SUPPLEMENTARY CARDHOLDER (continued)

CARD #2 - SUPPLEMENTARY CARDHOLDER

Mr. Mrs. Ms. Miss. Name First: _____ Middle: _____ Last: _____

Telephone: (Home): _____ (Mobile): _____ Relationship to Main Cardholder: _____ Signature: _____

Type of Account to be Closed: Butterfield / AAdvantage Standard MasterCard Butterfield Visa Classic Butterfield Visa Classic Butterfield Visa Platinum Butterfield Visa Gold

Account Number To Be Closed: _____
Existing Limit on Card to be Closed: _____

CARD #3 - SUPPLEMENTARY CARDHOLDER

Mr. Mrs. Ms. Miss. Name First: _____ Middle: _____ Last: _____

Telephone: (Home): _____ (Mobile): _____ Relationship to Main Cardholder: _____ Signature: _____

Type of Account to be Closed: Butterfield / AAdvantage Standard MasterCard Butterfield Visa Classic Butterfield Visa Classic Butterfield Visa Platinum Butterfield Visa Gold

Account Number To Be Closed: _____
Existing Limit on Card to be Closed: _____

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 affect from time to time for the card.

Print Name _____ Customer Signature _____ Date (dd/mm/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

Approved Limit: \$ _____ Not approved

Credit Officer's Signature: _____ Credit Manager's Signature: _____

Input by: _____ Date (dd/mm/yyyy): _____ Cards Supervisor: _____ Date (dd/mm/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.

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