

Custodian

| TO BE COMPLETED BY CORALISLE | | K _ _ _ _ - _ _ _ _ | | | |
|------------------------------|--|---------------------|--|------|--|
| Employer | | DIV.CODE | | ERID | |
| Plan Name | | PLANID | | NOEE | |

PART 1 MEMBER'S INFORMATION Please PRINT throughout.

First Name _____ Middle Initial(s) _____ Last Name _____

Gender M F Date of Birth MM/DD/YYYY Marital Status Single Married Divorced Widowed

Residential Address _____ Cayman Islands

Mailing Address _____ Cayman Islands

Personal Email Address _____ Driving Licence or Passport No. _____

Home Tel. No. _____ Cellular No. _____

Note: Any request for change of Name or Marital Status must be accompanied by a copy of your legal documentation.

PART 2 BENEFICIARY DESIGNATION - Beneficiary change instructions and options

- List your beneficiary(ies) and the percentage of your benefit allocated to each below. If no percentage is indicated, the beneficiaries will share equally. If any beneficiary dies before you, the remaining beneficiaries will share proportionally. If you need additional space to list beneficiaries please use the back of this form. Additional beneficiaries listed over.
- Please note that a Guardian must be designated for children under the age of 18.*
- Relationship categories are: Spouse, Child, Mother, Father, Sister, Brother, Other Relative and No Relation.
- Update beneficiary information (provide beneficiary name and updated details)
- Add a beneficiary (list all beneficiaries and new % allocations)
- Remove beneficiary-Name _____ (list remaining beneficiaries and new % allocations)
- Change % allocated for current beneficiaries (list all beneficiaries and new % allocations)

| Details | Beneficiary (A) | Beneficiary (B) | Beneficiary (C) | *Guardian (if applicable) |
|-------------------|-----------------|-----------------|-----------------|---------------------------|
| First Name | | | | |
| Middle Initial(s) | | | | |
| Last Name | | | | |
| Date of Birth | MM/DD/YYYY | MM/DD/YYYY | MM/DD/YYYY | MM/DD/YYYY |
| Relationship | | | | |
| Address | | | | |
| Tel. No. | | | | |
| Email Address | | | | |
| % Allocated | | | | |

I understand the above changes to my beneficiary designation revokes any prior instruction for this plan.

Member's Signature: _____ Date _____

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Pensions and Employee Benefits

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