

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

Mailing Address _____

Physical Address _____

Personal E-mail Address _____ Driver's Licence or Passport No. _____

Contact Nos. _____ Termination Date MM/DD/YYYY

Reason for Terminating Change of Employer Retirement Leaving Island Other (specify) _____

PART 2 REQUEST FOR TRANSFER OR PAYMENT OF ACCUMULATED PENSION BENEFITS

Please select ONE (1) of the options below

- 1. Transfer to my new Employer's Pension Plan
New Employer Name _____ Pension Provider _____
- 2. Transfer to a Prescribed Retirement Product as follows
 - BritCay Individual Retirement Account until further notice
 - Retirement Savings Arrangement (RSA)
 - Other _____
- 3. Cash refund (only applicable if amount does not exceed CI\$5,000)

If you are leaving the island, please provide us with forwarding contact information:

Address _____

Personal E-mail Address _____ Tel. No. _____

PART 3 YOUR CONFIRMATION

I understand that, provided all contributions are paid up to date, the redemption of funds takes 6 to 8 weeks and that all applicable bank fees will be deducted from withdrawal amounts.

Member's Signature _____ Date MM/DD/YYYY

Employer's Signature _____ Date MM/DD/YYYY

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Pensions and Employee Benefits

INSURANCE | HEALTH | PENSIONS | LIFE

A member of Coralisle Group Ltd.

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