



**APPLICATION TO SAGICOR LIFE INC  
FOR A GROUP REGISTERED PENSION PLAN**

*(This detailed Application will serve as a useful reference guide to the principal features of your Pension Plan)*

**SECTION A APPLICANT/ EMPLOYER DATA**

1. Applicant's/Policyholder's Full Corporate Name: \_\_\_\_\_
2. Applicant's/Policyholder's Address of Registered Office: \_\_\_\_\_  
\_\_\_\_\_
3. Registered Number of Company \_\_\_\_\_
4. Employer's Full Legal Name      Same as A.1 above      Other (please specify)  
\_\_\_\_\_
5. Employer's Postal Address      Same as A.2 above      Other (please specify)  
\_\_\_\_\_
6. Telephone: \_\_\_\_\_
7. Facsimile: \_\_\_\_\_
8. Email Address: \_\_\_\_\_
9. Registered Name, Number & Addresses of subsidiary or affiliated companies whose employees are to be included in the plan:  
 None     As follows  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION B PLAN SPECIFICATIONS**

1. Full Name of the Pension Plan: \_\_\_\_\_
2. **Application is hereby made for a:**      Defined Contribution Plan      Defined Benefit Plan      Other  
(please specify) \_\_\_\_\_
3. Agent/Broker for the Plan, if applicable: \_\_\_\_\_
4. Group Policy Number *(to be completed by Sagicor)* \_\_\_\_\_
5. Account Number(s) *(to be completed by Sagicor)* \_\_\_\_\_
6. Effective Date of Plan      \_\_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_ year

7. Policy/Plan Anniversary \_\_\_\_\_ day of \_\_\_\_\_ month

8. **Eligibility:**  
a. Classes of Employees to be covered:  
All permanent, regular full-time Employees      Other (*please specify*)  
\_\_\_\_\_  
\_\_\_\_\_

8. b. **Services and/or Age Requirements:**

	On or prior to Effective Date	After Effective Date
i. The Employee has completed a period of uninterrupted service with the Employer, and/or	_____ Months    _____ Years	_____ Months    _____ Years
	On or prior to Effective Date	After Effective Date
ii. The Employee has attained age	_____ Min        _____ Max	_____ Min        _____ Max

**Note: Current legislation does not permit enrolment of eligible full time employees to be later than approximately 6 months after employment**

9. **Retirement Age:**  
Normal \_\_\_\_\_ years old      Early \_\_\_\_\_ years old      Late \_\_\_\_\_ years old

10. **Defined Benefit Formula, if applicable:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. a. **Future Service Contributions:**  
i. Employee Contribution: \_\_\_\_\_% of Salary ; Employer Contribution: \_\_\_\_\_% of Salary  
**OR**  
ii. Employee contribution: \_\_\_\_\_% of Salary to National Insurance Salary Maximum plus \_\_\_\_\_% of Salary in Excess  
Employer contribution: \_\_\_\_\_% of Salary to National Insurance Salary Maximum plus \_\_\_\_\_% of Salary in Excess

b. **Past Service Contributions:**  
Is Employer Past Service Contributions to be included:      Yes      No  
If yes, please state the particulars: \_\_\_\_\_

c. **Voluntary Contributions**                      Yes                      No

12.	<b>Mode of Contribution Payment:</b>	Monthly	Quarterly	Semi-Annually	Annually
13.	<p>Vesting:</p> <p>a. Vesting Schedule: (i.e. Member's entitlement to Employer's Contributions on termination of employment).</p> <p>Select one of the vesting schedules below. The option selected will be subject to any applicable legislation.</p> <p>i. 100% immediately</p> <p>ii. 100% after a continuous period of _____ years of service membership.</p> <p>iii. <input type="checkbox"/> Other (please specify) -</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				
13.	<p>b. Cash Vesting:</p> <p>Are vested benefits provided by employer contributions available in cash at the Member's option?</p> <p style="text-align: center;">Yes                      No</p> <p><b>Note: Current legislation does not generally permit cash benefits after 36 months of membership.</b></p>				
14	<p>Normal Form of Annuity under the Plan:</p> <p>Single Life                      <b>OR</b>                      Joint &amp; Survivor with _____% Spousal Reversion</p> <p style="text-align: center;"><b>AND</b></p> <p>Guaranteed Period: _____ years</p>				
15.	<p>Death Benefit Before Annuity Payments Commence:</p> <p style="text-align: center;">Full Vesting              Vesting as per termination of employment              Return of Member Contributions</p> <p><b>Note: Current legislation does not generally permit cash benefits after 36 months of membership.</b></p>				
16.	<p>Termination of employment due to Disability Before Annuity Payments Commence:</p> <p style="text-align: center;">Full Vesting              Vesting as per termination of employment      <input type="checkbox"/> Return of Member Contributions</p>				
<b>SECTION C      PENSION FUND MANAGEMENT AND ADMINISTRATION SERVICE SPECIFICATIONS</b>					
1.	<p>Type of Service contract:      Investment &amp; Administration              Investment Only              Administration Only</p> <p>Other (please specify) _____</p>				
2.	<p>Investment Mix (insert % amounts if Trustee Directed):      <input type="checkbox"/> Bonds Fund _____%</p> <p>Equity Fund _____%      Preferred Income Fund _____%      Global Balanced Fund _____%</p> <p>Select Growth Fund _____%</p>				
3.	<p>Crediting Earnings to Member Contribution Balances:      <input type="checkbox"/> Fund performance based or      To be declared</p> <p>annually by the Administration and credited on either      a minimum monthly basis or      a daily basis</p>				

- |    |   |               |          |
|----|---|---------------|----------|
| 4. | Administration Service Fees to be billed to the Employer, in advance:     | semi-annually | annually |
| 5. | Plan to be approved by the Inland Revenue Department for any tax benefits | Yes           | No       |

**SECTION D SPECIAL REQUESTS**

1. Use this space for any special requests

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**SECTION E TRUSTEE & TRUSTEE LIASION INFORMATION**

1. Trustees - Full Name, Residential Address and who appointed the Trustee

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2. Person acting on behalf of the Trustees (liaison for the Plan)

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION F APPLICANT AGREEMENT AND SIGNATURE**

The Applicant agrees to provide Sagicor Life Inc. with the particulars needed to record a Member's coverage and entitlements under the Plan, where applicable.

**SECTION G APPLICANT REQUEST TO ISSUE POLICY**

- The Applicant requests Sagicor Life Inc. to issue a Group Pension Policy to provide the benefits under the Pension Plan.
- Commencing on the Effective Date of the Pension Plan and continuing thereafter, the Applicant shall pay the contributions called for under the terms of the Pension Plan. Such contributions will be held in the pension Fund and managed in accordance with the provisions as set out in the Group Pension Policy.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant's Signature  
(Affix Corporate Seal)

\_\_\_\_\_  
Title