Sagicor

PENSIONER ENROLMENT FORM

POLICY NUMBER (if applicable)	GROUP PENSION PLAN (if applicable)	PAYROLL NUMBER	TOPAS CERTIFICATE NUMBER

SURNAME	CHRISTIAN NAMES (S)	MIDDLE NAME (S)

ADDRESS	SEX		DATE OF BIRTH		
	MALE	FEMALE	DAY	MONTH	YEAR

EMAIL ADDRESS	TELEPHONE (H)	(C)

NATIONAL REGISTRATION NUMBER	TAMIS NUMBER

BANK/CREDIT UNION ACCOUNT NUMBER	BANK/CREDIT UNION ACCOUNT NAME AND ADDRESS
NAME ON BANK/CREDIT UNION ACCOUNT	

PENSION OPTION CHOSEN   5 YRS ☐ 10 YRS ☐ 15YRS ☐ 20YRS ☐

SINGLE LIFE ☐   JOINT LIFE ☐ % Continuation _____   OTHER

MONTHLY PENSION	LUMP SUM (if any)	CURRENCY
$_____	$ _____ % _____	

RETIREMENT/ANNUITY COMMENCEMENT DATE:	DAY	MONTH	YEAR	SPECIAL INSTRUCTIONS (Pension Increases, NIS Offset etc. – include effective dates and amounts)
PAYROLL ENROLMENT DATE				PERIOD PAID OUTSIDE OF PAYROLL

AMOUNT PAID $ _____   TAXES DEDUCTED $_____

BENEFICIARY INFORMATION

SPOUSE *(Spouse information must be completed where a Joint Life & Survivor option is chosen)*

SURNAME	CHRISTIAN NAME (S)	MIDDLE NAMES (S)

DATE OF BIRTH:	DAY	MONTH	YEAR	EMAIL ADDRESS	TELEPHONE

BENEFICIARY
RELATIONSHIP: %

SURNAME	CHRISTIAN NAME (S)	MIDDLE NAMES (S)

DATE OF BIRTH:	DAY	MONTH	YEAR	EMAIL ADDRESS	TELEPHONE

BENEFICIARY
RELATIONSHIP: %

SURNAME	CHRISTIAN NAME (S)	MIDDLE NAMES (S)

DATE OF BIRTH:	DAY	MONTH	YEAR	EMAIL ADDRESS	TELEPHONE

BENEFICIARY
RELATIONSHIP: %

SURNAME	CHRISTIAN NAME (S)	MIDDLE NAMES (S)

DATE OF BIRTH:	DAY	MONTH	YEAR	EMAIL ADDRESS	TELEPHONE

APPROVED FOR PROCESSING

Name: _____   Signature: _____