



**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

8 c. **Compulsory Coverage:** Subject to applicable laws, is coverage compulsory for

Employees prior to the Effective Date?

Yes

No

Employees on and after the Effective Date?

Yes

No

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.	Vesting: a. Vesting Schedule: (i.e. Member's entitlement to Employer's Contributions on termination of employment). Select one of the vesting schedules below. The option selected will be subject to any applicable legislation.				
	i. 100% immediately				
	ii. 100% after a continuous period of _____ years of service membership.				
	iii. 100% after a continuous period of _____ years of service membership and attainment of age _____.				
	iv. _____% after a continuous period of _____ years of service membership plus an additional _____% for each of the next _____ years of such continuous service membership.				
	v. Other (please specify) _____ _____ _____ _____				
13.	b. Cash Vesting: Are vested benefits provided by employer contributions available in cash at the Member's option? Yes                      No				
14.	Normal Form of Annuity under the Plan: Single Life <b>OR</b> Joint & Survivor with _____% Spousal Reversion  <b>AND</b> Guaranteed Period: _____ years				
15.	Death Benefit Before Annuity Payments Commence: Full Vesting                      Vesting as per termination of employment                      Return of Member Contributions				
16.	Termination of employment due to Disability Before Annuity Payments Commence: Full Vesting                      Vesting as per termination of employment                      Return of Member Contributions				
<b>SECTION C      PENSION FUND MANAGEMENT AND ADMINISTRATION SERVICE SPECIFICATIONS</b>					
1.	Type of Service contract:      Investment & Administration                      Investment Only                      Administration Only Other ( <i>please specify</i> ) _____				
2.	Funds will be invested in the Sagikor International Balanced Fund				
3.	Crediting Earnings to Member Contribution Balances:      Fund Performance based or      To be declared annually by the Trustees and credited on either      a minimum monthly basis or      a daily basis				
4.	Administration Service Fees to be Billled to 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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION E TRUSTEE & TRUSTEE LIASION INFORMATION**

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

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**

1. The Applicant requests Sagicor Life Inc. to issue a Group Pension Policy to provide the benefits under the Pension Plan.

2. 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