



GROUP PENSION ENROLMENT FORM

SECTION 1 TO BE COMPLETED BY THE EMPLOYEE

NAME OF COMPANY					PENSION PLAN NO:		CERTIFICATE NO.		
Miss Mrs. Mr.		SURNAME			CHRISTIAN NAME		ADDITIONAL NAME(S)		
DATE OF BIRTH			MALE	FEMALE	NATIONAL REGISTRATION NUMBER	NIS NUMBER		TAX NUMBER	
Day	Month	Year	<input type="checkbox"/>	<input type="checkbox"/>					
ADDRESS									
EMAIL					Your email address will only be used for contacting you on your exit from the Pension Plan and/or for enrolment in the pension online portal. You are automatically enrolled in the pension online portal with the email address provided . I opt out of the online portal.				
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated ¹					Occupation:		Monthly Salary:		
SPOUSE / COMMON-LAW²									
Miss Mrs. Mr.		SURNAME			CHRISTIAN NAME(S)		DATE OF BIRTH		
						Day	Month	Year	
I hereby request that I be included in my Employer's Pension Plan and agree to abide by the provisions of the Plan. If applicable, I authorise my Employer to deduct from my salary any contributions I am required or elect to make to the Plan.									
Employee's Signature _____					Date _____				

SECTION 2 TO BE COMPLETED BY EMPLOYER

DATE OF EMPLOYMENT			DATE PENSIONABLE SERVICE BEGINS			DATE ENROLLED IN PENSION PLAN		
Day	Month	Year	Day	Month	Year	Day	Month	Year
Employer's Signature _____					(Please print Name)		Company Stamp	
Date _____								

SECTION 3 WAIVER – TO BE COMPLETED BY EMPLOYEE & EMPLOYER

Please be advised that I _____ do not wish to join the Pension Plan offered to me by: _____
(Company's Name)

I realize that the Company will not make any other provision for a retirement Pension and hereby release the Company, the Directors of the Company and other Officers from any liability whatsoever in this connection.

Employee's Signature: _____ Employer's Signature _____
(Please print Name)

Date: _____ Date: _____

SECTION 4 TO BE COMPLETED BY INSURER

EXIT DATE	DAY	MONTH	YEAR	EXIT CODE		EXIT AMOUNT \$ _____
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¹ "Legally separated" means separated pursuant to the order of a court of competent jurisdiction. **(Barbados only)**

² "spouse/common-law" means (a) a single woman who was living together with a single man as his wife for a period of not less than 5 years immediately preceding the date of his death; (b) a single man who was living together with a single woman as her husband for a period of not less than 5 years immediately preceding the date of her death. **(Barbados only)**

EMPLOYEES' PENSION PLAN AS IT RELATES TO EMPLOYEES

ADDITIONAL VOLUNTARY CONTRIBUTIONS

I, _____ hereby authorize the Company to deduct an additional –

(FULL NAME)

(Tick Box as applicable) 1% 2% 3% 4% , Other _____

of my basic Monthly Salary or an amount of _____, as at _____^{1st}, _____ monthly
(Month) (Year)

thereafter until my retirement or termination of employment with the Company whichever occurs first – as a **VOLUNTARY ADDITIONAL** contribution to be paid to Sagicor Life Inc for my account for the purpose of purchasing whatever additional Pension Benefit such contributions will buy.

The level of your additional voluntary contributions combined with all other contributions made by you or on your behalf may not exceed the maximum allowed by the Commissioner of Inland Revenue to be deducted for tax purposes.

BENEFICIARY

BENEFICIARY					DATE OF BIRTH		
	SURNAME	CHRISTIAN NAME(S)	RELATIONSHIP	%	Day	Month	Year
	Miss Mrs. Mr.						
TELEPHONE NUMBERS:	HOME	CELL		WORK			

BENEFICIARY					DATE OF BIRTH		
	SURNAME	CHRISTIAN NAME(S)	RELATIONSHIP	%	Day	Month	Year
	Miss Mrs. Mr.						
TELEPHONE NUMBERS:	HOME	CELL		WORK			

BENEFICIARY					DATE OF BIRTH		
	SURNAME	CHRISTIAN NAME(S)	RELATIONSHIP	%	Day	Month	Year
	Miss Mrs. Mr.						
TELEPHONE NUMBERS:	HOME	CELL		WORK			

BENEFICIARY					DATE OF BIRTH		
	SURNAME	CHRISTIAN NAME(S)	RELATIONSHIP	%	Day	Month	Year
	Miss Mrs. Mr.						
TELEPHONE NUMBERS:	HOME	CELL		WORK			

Signature of Employee

Signature of Witness

Date

Date