



FOR OFFICE USE ONLY  
STP MEMBER NO. \_\_\_\_\_

*Individual Transfer Request*

Date: \_\_\_\_\_

Name of Member: \_\_\_\_\_

Members Employee Number: \_\_\_\_\_

Name of Member's Spouse: \_\_\_\_\_

**The name of my Current Employer Is:** \_\_\_\_\_

**My Current Mailing Address Is:** \_\_\_\_\_

I understand that I am entitled to benefits under The Silver Thatch Pension Plan in relation to my employment with \_\_\_\_\_. My last period of  
(Name of employer)

employment ended on \_\_\_\_\_. I understand that I can leave  
(Date)  
my benefit in The Silver Thatch Pension Plan where it will continue to accrue interest until I retire or transfer the current value of the accumulated contributions plus interest made by me and by my previous employer for me.

I wish to transfer the accumulated contributions plus interest to the \_\_\_\_\_  
\_\_\_\_\_ Pension Plan.  
(Name of receiving Pension Plan)

The Administrator of the \_\_\_\_\_ Pension Plan, a  
(Name of receiving Pension Plan)

Cayman Islands registered pension plan, is willing to accept this transfer.

In consideration of this payment I hereby discharge the Administrator and its agents of The Silver Thatch Pension Plan from all further liability whatsoever in respect of my membership of that Pension Plan.

\_\_\_\_\_  
Name of Member (Block Letters)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Administrator of Receiving Plan (Block Letters)

\_\_\_\_\_  
**Signature from receiving plan indicating acceptance of transfer.**

**PLEASE RETURN THIS FORM TO:**

**The Pensions Unit, Saxon Administration, P.O. Box 31694, 2nd Floor dms Centre, 14 Saturn Close (off Eastern Avenue)  
Grand Cayman KY1-1207, Cayman Islands, Phone: (345) 943-7770 and Telefax (345) 943-7771  
Email: support@silverthatch.org.ky**