

Member Enrolment Form

1. Employer Information

Employer:	Employer Number:
Date:	

2. Other Plan Information

Are you presently enrolled in the Silver Thatch Pensions Plan? Yes No

3. Member Information

Mr. Ms. Mrs. Dr.	Member Last Name	Member Maiden Name	Member First Name	Member Middle Name	Date of Birth (MM / DD / YY)

4. Spouse Information

Are you married? Yes No Name of spouse: _____ Date of Birth: _____

5. Beneficiary Information

Beneficiary Last Name	Beneficiary First Name	Relationship	Date of Birth (MM / DD / YY)	Percentage (%)

Please refer to your member handbook for more information on what will happen to your pension in case of your death

6. Contact Information

Mailing address: _____
 Email address: _____ Telephone: _____

7. Contribution Information

Estimated annual income range (USD) (not indicating your income range may result in placement of incorrect portfolio)

<20k 20k -25k 25k-30k 30k-40k 40k-50k 50k-60k >60k

Start date of employment: _____ Start date of contribution: _____

Member Eligibility (Please select one)

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 WORK PERMIT KEY EMPLOYEE SPOUSE OF ANY OF THE ABOVE

Please inform Silver Thatch Pensions as soon as possible of any changes to the above details.

Signed by Employee: _____ Date: _____

Employer Confirmation

I / We hereby confirm that I / we have provided the above employee with the Member Handbook or directed the employee to download it at www.silverthatch.org.ky.

Signed by Employer: _____ Date: _____

This form must be accompanied by a copy of a valid photo ID (Driver's License, Passport, Voter's ID or Government ID)

For Office Use Only

Signed by (Admin): _____ Original Electronic Signed by (Reviewing Admin): _____

Date: _____ Date: _____