



Member A/C no: \_\_\_\_\_

**NORMAL PENSION BENEFITS APPLICATION**

(MUST BE SENT TO THE ADMINISTRATIVE SERVICES AGENT AT LEAST THIRTY (30) DAYS PRIOR TO THE INTENDED RETIREMENT DATE)

I \_\_\_\_\_ of \_\_\_\_\_ wish to make the following Election on Retirement in respect of the units held by me: (Please indicate your election by placing a cross in the relevant box. **Cross one box only.**)

Redeem units to purchase an annuity. I am married YES NO

Retain the Units in the Pension Plan and receive benefits under a retirement savings arrangement in accordance with the National Pensions Law.

My current mailing address is \_\_\_\_\_.

Telephone \_\_\_\_\_ Email \_\_\_\_\_ Date of retirement \_\_\_\_\_

**RSA ELECTION**

I am aware that I have the option of choosing a more conservative portfolio for the Retirement Savings Arrangement (RSA) based on the following: **Cross one box only**

Less than US\$60,000 (note: you will be placed in the conservative portfolio)

Greater than US\$60,000 (note: you have a choice of Balanced, Conservative or a mix of both and you can review your choice periodically)

Balanced \$ \_\_\_\_\_ Conservative \$ \_\_\_\_\_

If no boxes are checked your remaining balance will be invested in the Conservative portfolio.

**ELECTION OF METHOD OF PAYMENT**

(PLEASE READ CAREFULLY AND COMPLETE WHERE INDICATED. FAILURE TO COMPLETE THIS SECTION MAY RESULT IN DELAY OF PAYMENT)

**Cross one box only**

I would like to receive my payment:  annually or in  monthly installments

Cheque Drawn on Cayman Islands Bank  US  CI

**International Wire Transfer:**  
If your account is outside of the United States please ensure that the "US Bank"\* details are provided in addition to your bank details. (Incomplete wire details will result in delay of payment)

\*US Correspondent Bank Name \_\_\_\_\_

(ABA/SWIFT) \_\_\_\_\_

Your Bank's Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Your Bank's Acct # \_\_\_\_\_

Name(s) of bank account owner \_\_\_\_\_

Your Account Number / IBAN \_\_\_\_\_

Your Account Currency \_\_\_\_\_

**Local Wire Transfer:**  
(Incomplete wire details will result in delay of payment)

Local Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Your Bank's Acct # \_\_\_\_\_

Name(s) of bank account owner \_\_\_\_\_

Your Account Currency \_\_\_\_\_

Do you wish to access your voluntary contributions? Yes No If, 'Yes' please specify the \$ amount or % of AVCs you wish to Redeem \_\_\_\_\_

In relation to the above mentioned payment, I hereby discharge the Administrators of Silver Thatch Pensions and their Agents from any and all further liability whatsoever in respect of my membership of this plan.

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

Witness (Notary/JP/or STP rep.) \_\_\_\_\_ Date \_\_\_\_\_