

Transfer Request Form

Individual Transfer Request

Name of member: _____

Date of birth: _____ Member number: _____

Name of member's spouse: _____

Email: _____ Telephone: _____

Current mailing address: _____

Current employer: _____

Declaration

I understand that I am entitled to benefits from Silver Thatch Pensions in relation to my employment with

_____. My last period of employment ended on _____.
Name of employer Date

I understand that I can leave my benefits in Silver Thatch Pensions where it will continue to be invested on my behalf or transfer the current value of my account. I wish to transfer the current balance of my account to the

_____ Pension Plan. The administrator of the _____
Name of receiving pension plan Name of receiving pension plan

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

In relation to this payment, I hereby discharge Silver Thatch Pensions, its administrators and agents from all further liability whatsoever in respect to my membership of that pension plan.

Name of member (Block letters): _____ Date: _____

Signature of member _____

Administrator of receiving plan (Block letters): _____ Date: _____

Signature from receiving plan indicating acceptance of transfer _____

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