



Member Enrolment Form (Please submit with a copy of valid Government issued ID for new Member)

1. Employer Information

Company Name:	Employer Number:
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2. Other Plan Information

Have you ever had an account with Silver Thatch Pensions in the past?	Yes	No
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Do you have pension assets with another pension plan?	Yes	No	If 'Yes', which plan/plans?
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3. Member Information

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

4. Spouse Information

Are you married?	Yes	No	Name of spouse:	Date of Birth:
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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:
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7. Contribution Information

Estimated annual income range (USD)	<20k	20k-25k	25k-30k	30k-40k	40k-50k	50k-60k	>60k
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Start date of employment:	Start date of contribution:
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Immigration Status (Please select one)	Caymanian Work Permit	Caymanian Status Holder Key Employee	Permanet Resident w/ Right to Work Spouse of Any of the Above
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Please inform Silver Thatch Pensions as soon as possible of any changes to the above details.

Signed by Employee:	Date:
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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:
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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: