



Member Enrolment Form (Must be accompanied by a copy of a valid photo ID (Driver's license, passport, voter's ID or government ID))

1. Employer Information

Company Name:	Employer Number:
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2. Other Plan Information

Have you previously held an account with Silver Thatch Pensions? Yes No

3. Member Information

Mr. Ms. Member last name	Member maiden name	Member first name	Member middle name	Date of birth
Mrs. Dr.				

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	Percentage (%)

Disclaimer: Submission of new beneficiary details will automatically supersede any beneficiary information currently on file.

6. Personal Contact Information

Mailing address: _____

Email address: _____	Telephone: _____
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7. Preferred Form of Communication

Please select your preferred method of communication: Postal Mail Email

8. Contribution Information

Estimated annual income range (USD)	<20k	20k-25k	25k-30k	30k-40k	40k-50k	50k-60k	>60k
Start date of employment: _____	Start date of contribution: _____						
Immigration Status (Please select one)	Caymanian	Caymanian status holder	Permanent resident w/ right to work	Work permit			

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: _____

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