



Early Retirement Form

Member A/C No. _____

THIS FORM MUST BE ACCOMPANIED BY A COPY OF A VALID PHOTO ID (DRIVER'S LICENSE, PASSPORT, VOTER'S ID OR GOVERNMENT ID).

EARLY RETIREMENT ELECTION

THIS FORM MUST BE SENT TO THE ADMINISTRATIVE SERVICES AGENT AT LEAST 30 DAYS PRIOR TO THE INTENDED RETIREMENT DATE.

I, _____ of _____, hereby confirm that I wish to resign on the _____ day of _____ 20____ on which date I will have terminated my employment with my employer and be within ten (10) years of my normal retirement date. My current mailing address is _____.

Telephone _____ Email _____

RSA ELECTION

I am aware that I have the option of choosing a more conservative portfolio for the Retirement Saving 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 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.

BENEFICIARY DETAILS

Subject to any statutory restriction affecting this appointment, and in accordance with the National Pensions Act (2024 Revision); I hereby request that you add the following person(s) as beneficiary designated under this plan. I note that section 39 and subsection (1 & 3) of the National Pensions Act and the rules of this plan may supersede this request. (i.e. benefits payable on my death shall be disbursed to my surviving spouse or any dependent child or children).

I am married YES NO

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

Signature of member _____ Date _____
MM/DD/YYYY

Witness (Notary/JP or STP rep.) _____ Date _____
MM/DD/YYYY

Please provide a certified copy of your photo ID. All certified documents must be certified by an authorized representative of the plan or must be notarized by a Notary Public or certified by a Justice of the Peace.

Continue to next page



Early Retirement Form (continued)

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ELECTION OF METHOD OF PAYMENT

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

Name: _____

Member No: _____

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

SELECT ONE

☐ **Cheque Drawn on a local Cayman Islands Bank** US CI
(Payable in the Cayman Islands Only)

☐ **International Wire Transfer**

If your account is outside of the United States please ensure that the "U.S. Correspondent" details are provided in addition to your bank details. (NOTE: This information is essential; incomplete wire details will result in delay of payment and may also result in payment via alternative methods)

U.S. Correspondent Bank _____

U.S. Correspondent Bank SWIFT Code or ABA Number _____

Your Bank's Name _____ Your Bank's SWIFT Code or ABA Number _____

Your Bank's Address _____

Your Account Name _____ Your Account Currency _____
(Account name must match or include Member Name)

Your Account Number _____

☐ **Local Wire Transfer**

This information is essential; incomplete bank details will result in delay of payment and may also result in payment via alternative methods.

Your Bank's Name _____

Your Bank's Address _____

Your Account Name _____ Your Account Currency _____
(Account name must match or include Member Name)

Your Account Number _____

Note: To make a local transfer in the Cayman Islands to a Scotiabank or RBC Royal Bank (Cayman) Limited account, you'll need your full account number, which includes the 5-digit branch/transit code.

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

Signature of Member: _____ Date _____

MM/DD/YYYY

This application can be made via email. Please send all documents detailed in the checklist (page 3) to: support@silverthatch.org.ky.

Early Retirement Form (continued)

CHECKLIST

IMPORTANT: These documents must be included to constitute a complete application.

The information below is needed in order to apply for early retirement and the processing of your application may take 60-90 days.

CAYMANIAN, CAYMAN STATUS HOLDERS OR PERMANENT RESIDENCE:

REQUIREMENTS	DOCUMENT ATTACHED	
1. Silver Thatch Early Retirement Form	Yes	No
2. Department of Labour and Pensions RSA Form	Yes	No
3. Certified copy of photo ID	Yes	No
4. Sworn Affidavit	Yes	No
5. Employment Termination Letter from recent employer	Yes	No

EXPATRIATE WORKERS:

REQUIREMENTS	DOCUMENT ATTACHED	
1. Silver Thatch Early Retirement Form	Yes	No
2. Department of Labour and Pensions RSA Form	Yes	No
3. Certified copy of photo ID	Yes	No
4. Sworn Affidavit	Yes	No
5. Employment Termination Letter from recent employer	Yes	No
6. Term Limit Notice if applicable	Yes	No



**DEPARTMENT OF
LABOUR & PENSIONS**
CAYMAN ISLANDS GOVERNMENT

2nd Floor Mid Town Plaza
273 Elgin Avenue
P.O. Box 2182
KY1-1105
Grand Cayman
Tel: 345- 945-8960 Fax: 345- 945-8961

SWORN AFFIDAVIT

I _____, hereby confirm the following to be true to the best of my knowledge. *(Please tick one or more of the options below as is applicable.)*

- That I have ceased employment effective _____.
I understand that my pension retirement disbursement can be ceased if I resume employment before age 60.
- That I am departing the Cayman Islands effective_____.
- I do not intend to return to the Cayman Islands to seek gainful employment.
- That I am not currently the holder of a Work Permit and do not have an application for a Work Permit submitted that is pending approval.
- That all earnings that I have are not pensionable as per the National Pensions Law 2012 (Revision).

Signed:_____

Date:_____

Notarized by:_____

Date_____



INDIVIDUAL TRANSFER REQUEST TO RETIREMENT SAVINGS ARRANGEMENT-DEFINED CONTRIBUTION PLAN

Name of Member _____ Date of Birth _____

Name of Member's Spouse _____ Date of Birth _____

I understand that I am entitled to benefits under the

(Name of pension plan)

Pension Plan ("the Transferring Plan") in relation to my employment with

(Name of Employer)

My last period of employment ended on _____
(Date)

I declare that I am retiring from all employment on this date *(Delete if Inapplicable)*.

I wish to transfer the current value of the accumulated contributions plus interest made by me and by my previous employer for me to an approved Retirement Savings Arrangement ("RSA").

The RSA is with

(Name of company, institution or organization operating RSA)

This institution is willing to accept this transfer and operate the RSA in accordance with the Law.

In consideration of this transfer, I hereby discharge the Administrator of the Transferring Pension Plan from all further liability whatsoever in respect of my membership of that Pension Plan. I have read and understood the terms of the RSA and acknowledge that pension payments from the RSA in accordance with the terms of the RSA will be sole benefit arising in respect of my membership of the Transferring Plan.

Administrator of RSA(Block letters)

Name of Member (Block letters)

Signature: _____

Signature: _____

Date: _____

The Director of Labour & Pensions hereby confirms that the RSA (i) embodies written terms and conditions that meet the requirements of the Law (ii) has been approved by the Director of Labour & Pensions and (iii) is operated by an institution approved by the Superintendent of Pensions.

STAMP

Director of Labour & Pensions

STATEMENT OF TERMS & CONDITIONS FOR RETIREMENT SAVINGS ARRANGEMENTS

The Retirement Savings Arrangement for

_____ (Date of Birth) _____ ("the RSA")
Full Name of Transferring Member

Is an arrangement set up for the transferring member in accordance with the section 34 of the National Pensions Law. "The National Pensions Law" is the National Pensions Law (2012 Revision) as amended and regulations issued thereunder

The Administrator of the

_____ Pension Plan
Name of the Transferring Pension Plan

has agreed to transfer the commuted value of the pension benefit arising in respect of the membership of the transferring pension plan for the transferring member to a retirement savings arrangement being an account/contract/policy issued and administered and managed by

Name of Administrator of the RSA

The administrator of the RSA shall administer the RSA in accordance with the National Pensions Law and shall be deemed to hold the money in trust for the transferring employee.

The arrangement is for the benefit of the transferring member and is in lieu of all rights to benefit and contingent rights to benefit for that transferring member and in respect of that transferring member under the Transferring Pension Plan. The Transferring Pension Plan is a defined contribution pension plan under which the pension is entitlement at retirement is what can be bought by accumulated contributions.

The Retirement Savings Arrangement is set up in accordance with a written request from the member dated _____ a copy of which is appended hereto. The Retirement Savings Arrangement is subject to approval by the Director of Labour & Pensions in accordance with section 34 of the National Pensions Law.

The Retirement Savings Arrangement includes and shall apply the following conditions:-

- (a) that no money transferred, including all investment earnings, shall be withdrawn except-
 - (i) to transfer the money to the pension fund of a registered pension plan;
 - (ii) to transfer the money to another individual retirement account that meets the requirements of this regulation;
 - (iii) to purchase an immediate or deferred life annuity provided by a person authorized under the Pensions Laws of the Islands to sell annuities under an insurance contract that meets the requirements of regulation 20 of the National (General) Pensions Regulations (1998 Revision), provided that the annuity does not commence on a date earlier than 10 years prior to the normal retirement date specified in section 26 of the Pensions Law; or
 - (iv) subject to maximum to be prescribed from time to time by the Director of Labour & Pensions;
- (b) that no money transferred, including interest, may be assigned, charged, anticipated or given as security except as permitted by sections 55(2) and 56(4) of the Pensions Law;

Individual Transfer Request to Retirement Savings Arrangement

- (c) that any transaction purporting to assign, charge, anticipate or give as security money transferred except as permitted under sections 55(2) and 56(4) of the Pensions Law, is void;
- (d) that except as permitted in sections 40 and 53 of the Pensions law, no money transferred including interest, may be commuted or surrendered during the lifetime of the former member;
- (e) that any transaction that contravenes paragraph (d) is void
- (f) that the transferee may not permit any subsequent transfer except-
 - (i) where the transfer is permitted under the Pensions law and the regulations; and
 - (ii) the subsequent transferee agrees to administer the amount transferred as a pension or deferred pension in accordance with the Pensions Law and the Regulations;
- (g) that the transferee will advise in writing to any subsequent transferee that the amount transferred must be administered as a pension or deferred pension under the Pension Law and this regulation;
- (h) that on the death of the holder of the registered retirement savings arrangement, the transferee will administer the money in accordance with section 39 of the Pensions Law, which shall be applied to mean the balance of the money in the individual retirement account at the time of death;
- (i) that larger periodic amounts will be paid to a member whose life expectancy is likely to be reduced because of a mental physical disability; and
- (j) the name of the beneficiary or beneficiaries.

Under this RSA payments shall be made monthly/quarterly/yearly in accordance with the attached schedule. Payments will cease when all monies in the arrangement are expended. When all monies are expended, no further liabilities will arise in respect of the arrangement. The transferring member has read and understood the terms of the RSA.

Signed and dated

For Administrator of the RSA

Name in Blocked Capitals

Transferring Member

Name in Blocked Capitals

Date