



Transfer Request Form

Individual Transfer Request

Name of member:

Date of birth: MM / DD / YY

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)

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 _____
(Name of receiving pension plan)

Pension Plan. The administrator of the _____ Pension Plan, a Cayman Islands registered
(Name of receiving pension plan)

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)

Signature

Administrator of receiving plan (Block Letters)

Signature from receiving plan indicating acceptance of transfer

Date

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