

Caribbean Pension Fund

APPLICATION FOR ENROLLMENT

Name of Pension Plan/Company			
First Name	Middle Name(s)		Surname
Date of Birth (dd/mm/yy)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
National Registration (I.D.) Number	National Insurance (NIS) Number	Tax Identification (TIN) Number	
Member's Address			
Spouse (Automatic Beneficiary)	First Name	Middle Name(s)	Surname
Date of Birth (dd/mm/yy)	National Insurance (NIS) Number	National Registration (I.D.) Number	
Beneficiary (If no spouse)	First Name	Middle Name(s)	Surname
Date of Birth (dd/mm/yy)	Relationship of Beneficiary	National Registration (I.D.) Number	

First Witness: _____ Signature: _____
(PLEASE PRINT NAME)

Second Witness: _____ Signature: _____
(PLEASE PRINT NAME)

I hereby apply for registration as a member of the above pension plan and agree to abide by its rules. I authorise my employer to deduct from my salary/wage any contributions I am required to make to the plan. I do / do not wish to make **additional voluntary contributions** to the plan, equivalent to ____% up to the NIS maximum and ____% in excess of the ceiling, if any.

Signature of Applicant: _____ Date (dd/mm/yy) _____

INVESTMENT OPTIONS

Please select the investment option that best meets your requirements by placing a tick in the appropriate box below.

I would like to have my pension plan contributions invested as follows:

Fortress Caribbean Pension Fund: <input type="checkbox"/> Aggressive Accumulator <input type="checkbox"/> Conservative Consolidator <input type="checkbox"/> Capital Secure
--

I acknowledge that:

- I have received and read the Fortress Caribbean Pension Fund Prospectus dated September 30th, 2003;
- I am aware that the value of the shares can go up and down due to the nature of the investment opportunity and related risks; and
- The above selection has been made of my choice and without coercion.

Member's Name: _____ Signature: _____ Date (dd/mm/yy): _____
(PLEASE PRINT NAME)

Witness' Name: _____ Signature: _____ Date (dd/mm/yy): _____
(PLEASE PRINT NAME)

TO BE COMPLETED BY EMPLOYER

Employer	
Date Employed (dd/mm/yy)	Date Enrolled (dd/mm/yy)

Employer's Signature & Stamp _____ Date (dd/mm/yy) _____