



CHAMBER PENSION PLAN

The above documentation may initially be faxed or emailed to our office; however a payment date cannot be assigned until ALL requirements are met and the original copies of the documents are received by our office.

BASIC REQUIREMENTS FOR TRANSFER OF FUNDS

Refund applications take approximately 3 months to process from the date all original documents are received by our office. Incomplete applications will be cancelled after 3 months. The Chamber Pension Plan reserves the right to request additional documentation to support all applications

LOCAL PENSION TRANSFER

1. Completed Transfer Request application form
2. Copy of a photo ID : (e.g. Driver's License/Passport photo page)
3. The Transfer Request form MUST be signed by the receiving pension plan.

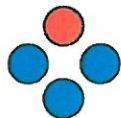
OVERSEAS PENSION TRANSFER

This request is subject to the approval from the Office of the Superintended of Pensions therefore, the Chamber Pension Plan as no control over the time frame in which this application will be processed.

1. Completed Refund Request application form
2. Completed National Pensions Office's Individual Transfer Request – Defined Contribution Plan Form
3. Prospectus/brochure of plan
4. Contact information and detailed payment instructions
4. Identification – Notarized **VALID PASSPORT** Required pages include:
 - Photo, expiration, signature
 - Latest Cayman Islands work permit stamp

Note: If passport which holds latest Cayman Islands work permit stamp has expired a certified copy of expired passport must accompany application. **OR** If passport which holds latest Cayman Islands work permit stamp is no longer in your possession a certified letter explaining reason must accompany application.

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National Pensions Office
Assuring a future for the Cayman Islands workforce

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Tel (345) 945-8960 | **Fax** (345) 945-8961 | **Email** npo@gov.ky | **Web** www.npo.gov.ky

Appendix II

INDIVIDUAL TRANSFER REQUEST - 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 in this form referred to as the Transferring Pension Plan)

in relation to my employment with _____
(Name of Employer)

My last period of employment ended on _____
(Date)

I understand that I can leave my benefit in the Transferring Pension Plan where it will continue to accrue interest until I retire or transfer the current value of the accumulated contributions plus interest made by me and by my previous employer for me.

I wish to transfer the accumulated contributions plus interest to the Pension Plan.

(Name of Receiving Pension Plan)

The Administrator of the Receiving Pension Plan is _____

who is willing to accept this transfer (confirmed by that Administrator by signing this form).

In consideration of this payment I hereby discharge the Administrator of the Transferring Pension Plan from all further liability whatsoever in respect of my membership of the Transferring Pension Plan for the period of employment that ended on the date shown above.

Authorised Signature for Administrator of receiving Pension Plan

Signature of Member

Name (Block letters)

Name of Member (Block letters)

Date signed

Date signed

NB. Please note that guidelines and guidance notes issued by the C.I. National Pensions Office for information only. The C.I. National Pensions Office cannot be held responsible in law for any opinion expressed, nor should any such opinion be regarded as grounds for legal action.