



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.

The above documentation may initially be 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.

OVERSEAS PENSION TRANSFER

For members to transfer their pension benefit outside of the Islands, they must have (1) terminated their employment and (2) cessation of residence for two years and (3) made no contributions to the pension for two years. Once a member has satisfied these conditions an application may be submitted. This request is subject to the approval by the Director of Pension therefore the Chamber Pension Plan Office has NO control over the processing time of this application.

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

1. Completed Refund Request application form
2. Completed Department of Labour and Pension 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:
 - o Photo, expiration, signature
 - o 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.

The above documentation may initially be 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.



CHAMBER PENSION PLAN

INDIVIDUAL TRANSFER REQUEST

Name of Member _____ Member Number _____

Date of Birth / / Email Address _____
DD MM YR

Mailing Address _____

Phone Number _____

My last period of employment ended on / /
DD MM YR

Transferring Out

I understand that I am entitled to benefits under the Chamber Pension Plan in relation to my employment with the employer(s) listed below. I also understand that I can leave my benefit in the Chamber Pension Plan where it will continue to accrue based on market conditions until I retire or transfer the value of the accumulate contributions to another approved pension plan.

I wish to transfer:

- All accumulated assets plus interest in relation to my employment with _____
(Name of Employer(s))
- _____ percent of all accumulated assets held at the Chamber Pension Plan
- All accumulated assets held at the Chamber Pension Plan to the 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 Chamber Pension Plan from all further liability whatsoever in respect of my membership of the Chamber Pension Plan.

Signature _____ Date / /
(as appears on passport) DD MM YR

Authorized Signature of Receiving Pension Plan _____ Date / /
DD MM YR

Print

Reset Form



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. Department of Labour & Pensions for information only. The C.I. Department of Labour & Pensions cannot be held responsible in law for any opinion expressed, nor should any such opinion be regarded as grounds for legal action.