

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 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.

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 from the Director of Pension 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 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
 - 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 procession a certified letter explaining reason must accompany application.

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.



INDIVIDUAL TRANSFER REQUEST

Name of Member	Member Number
Date of Birth / / Em	nail Address
Mailing Address	
Phone Number	
My last period of employment ended on	/ / MM YR
	mber Pension Plan in relation to my employment with the employer(s) listed ne Chamber Pension Plan where it will continue to accrue based on market aulate contributions to another approved pension plan.
All accumulated assets plus interest in relation to r percent of all accumulated assets held All accumulated assets held at the Chamber Pension	(Name of Employer(s)) at the Chamber Pension Plan on Plan to the pension plan
The Administrator of the Receiving Pension Plan is who is willing to accept this transfer (confirmed by that Admin	
In consideration of this payment I hereby discharge the C membership of the Chamber Pension Plan.	Chamber Pension Plan from all further liability whatsoever in respect of my
Signature(as appears on passport)	Date/_/ DD MM YR
Authorized Signature of Receiving Pension Pla	n Date/_/