



CHAMBER PENSION PLAN

Refund Request Form

For official use only:

Company # _____

Member # _____

Company Name _____

Name _____

Last Name

First Name

Middle Name

Name of Member's Spouse _____

Last Name

First Name

Middle Name

My last period of employment ended on _____
DD MM YR

Email _____

Please indicate the address where all future correspondence is to be directed:

Address _____

Local Telephone _____

Overseas Telephone (if becoming non-resident)

Retiring

I understand that I am entitled to benefits under the Cayman Island Chamber of Commerce Pension Plan in relation to my employment with the company listed above. I also understand that I can leave my pension benefits in the Cayman Islands Chamber of Commerce Pension Plan where it may grow/decline based on market values and when I reach retirement or early retirement age I may apply for the commuted value of the accumulated contributions to become an approved retirement savings arrangement.

I am of early retirement age (55 – 64) and I have ceased employment effective the date listed above. I would like to apply for an approved retirement savings arrangement. Should I return to work prior to the age of 65 I will immediately inform the Cayman Islands Chamber of Commerce Pension Plan.

I am of retirement age (65+) and would like to apply for an approved retirement savings arrangement.

In consideration of this payment I hereby discharge the Administrator of the Cayman Islands Chamber of Commerce Pension Plan from all further liability whatsoever in respect of my membership of that Pension Plan.

Member Signature _____ Date _____
(as appears on passport)

Refund Request Only

I ceased to reside in the Islands on _____
(proof of non-residency may be required) DD MM YR

Please note, refunds are only allowed in the following circumstances:

- 1) The commuted value of the pension is under CI\$5,000 AND
a) the member's employment is terminated; AND
b) that member ceases to reside in the Islands.

I understand that I am entitled to pension benefits under the Cayman Islands Chamber of Commerce Pension Plan in relation to my employment with the company listed above. I understand that I can leave my pension benefits in the Cayman Islands Chamber of Commerce Pension Plan where it may grow/decline based on market conditions until I retire or apply for a refund if certain criteria are met.

I wish to apply for a refund of the commuted value of my pension benefit. In consideration of this payment I hereby discharge the Administrator of the Cayman Islands Chamber of Commerce Pension Plan from all further liability whatsoever in respect of my membership of that Pension Plan.

Member Signature _____ Date _____
(as appears on passport)

