



# CHAMBER PENSION PLAN Voluntary Enrollment Form

For official use only:

Company # \_\_\_\_\_

Member # \_\_\_\_\_

Mr  Mrs  Miss  Other Existing Member # \_\_\_\_\_

Name \_\_\_\_\_  
Last Name First Name Middle Name

Passport Number \_\_\_\_\_ please attach a copy of the photo page of your passport

Country of Birth \_\_\_\_\_ Are you a US citizen  Yes  No

Immigration Status \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Address \_\_\_\_\_  
DD / MM / YYYY PO Box Postal Code District

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Married  Yes  No Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
DD / MM / YYYY

Effective start date with Chamber Pension Plan (for official use only) \_\_\_\_\_  
DD / MM / YYYY

## Additional Voluntary Contributions ("AVC") Questionnaire

Purpose of making AVCs \_\_\_\_\_

Intended Frequency of AVCs \_\_\_\_\_

Proposed Timing for Withdrawing AVC Amounts \_\_\_\_\_

Source of Funds \_\_\_\_\_  
(additional documentation may be requested)

## BENEFICIARY DESIGNATION

I hereby designate the person(s) named below as my beneficiary(ies) for purposes of the Chamber Pension Plan. I acknowledge that this designation will have no effect if I have a spouse on my date of death. This designation revokes any prior beneficiary designations, for the Chamber Pension Plan, made by me.

Last Name	First Name	Date of Birth DD / MM / YYYY	Relationship

**NOTE: The Deed of Adherence on the reverse side of this form must be signed**

## Deed of Adherence

This Deed of Adherence is made the day of \_\_\_\_\_ day of \_\_\_\_\_ Year  
Day Month Year

By: The employer of labour, or contributor (in the case of self-employed and voluntary contributors) whose name appears in the schedule hereto (hereinafter the "Employer/Contributor")

Whereas:

1. this deed is supplemental to the Declaration of the Trust (the "Declaration of Trust") made the 12th day of May, 1992 establishing The Cayman Islands Chamber of Commerce Pension Fund (the "Fund"); and, as amended from time to time
2. the Declaration of Trust makes provisions for employers of labour, self-employed contributors, and voluntary contributors to participate in the Fund upon executing a deed of adherence thereto; and
3. the Employer/Contributor wishes to participate in the Fund.

**Now this Deed witnesseth** that the Employer/Contributor hereby covenants with the trustees for the time being and from time to time of the Fund (the "Trustees") that it/he will from time to time and all times on and from the effective date specified in the Schedule hereto until the determination of the trusts of the Fund or the date on which it/he ceases to participate in the Fund (whichever shall first occur) adhere to and observe and perform such of the provisions of the Fund as are applicable to it/him as a participating employer (and shall notify participation in the Fund to all of its employees both at present and future), self-employed contributor, or voluntary contributor (whichever is applicable as shown in the Schedule hereto) and further covenants that the particulars contained in the Schedule hereto are accurate at the date hereof and that it/he will notify the Trustees of any change to any such particulars.

**The Schedule** is the application for the membership and the information contained thereon as it appears on the previous side of this Deed of Adherence.

**In Witness** whereof the Employer/Contributor has executed these presents as a deed the day and year first above written.

Signed, Sealed, and Delivered by

or on the behalf of \_\_\_\_\_  
Print name of Employer Representative/Contributor

In the presence of \_\_\_\_\_  
Print name of Witness

\_\_\_\_\_  
Signature of Employer Representative/Contributor

Date \_\_\_\_\_  
DD / MM / YYYY

\_\_\_\_\_  
Signature of Witness

Date \_\_\_\_\_  
DD / MM / YYYY