



### **Ill Health/Disability Request**

Dear Member,

In order for the Silver Thatch Trustees and the Superintendent of Pensions to consider releasing funds from your pension account due to ill health or disability, we require the following items:

1. Letter addressed to Silver Thatch Trustees requesting an early release of funds and the reason you need these funds. You will need to specify the amount that you need and provide a breakdown on how it will be spent.
2. Letter from your doctor providing details of your illness or disability (**please note that your doctor's letter must confirm that your condition will impact your life expectancy or that you are unable to continue work due to physical or mental incapacity**).
3. Written confirmation of Insurance coverage.
4. Written quote/invoice or information from the medical facility overseas/local confirming your appointment and proposed procedure to take place.
5. Copy of passport, driver's license or Government issued photo ID.

**Please note that we will not accept your documents without the above and may request other information to support your claim.**



**Election of Method of Payment**

PLEASE READ CAREFULLY AND COMPLETE WHERE INDICATED. FAILURE TO COMPLETE THIS SECTION MAY RESULT IN DELAY OF PAYMENT.

Name: \_\_\_\_\_

Member No: \_\_\_\_\_

**SELECT ONE**

**Cheque Drawn on a local Cayman Islands Bank**  US  CI  
(Payable in the Cayman Islands Only)

**U.S. Dollar Bank Draft**  
(Payable World-Wide Drawn on JP Morgan Chase Bank)

**U.S. Dollar International Wire Transfer**  
If your account is outside of the United States please ensure that the "U.S. Correspondent" details are provided in addition to your bank details. (NOTE: This information is essential; incomplete wire details will result in delay of payment and may also result in payment via alternative methods)

U.S. Correspondent Bank \_\_\_\_\_

U.S. Correspondent Bank SWIFT Code or ABA # \_\_\_\_\_

Your Bank's Name \_\_\_\_\_

Your Bank's Address \_\_\_\_\_

Your Bank's SWIFT Code or ABA Number \_\_\_\_\_

Your Account Name \_\_\_\_\_

Your Account Number \_\_\_\_\_

In relation to the above mentioned payment, I hereby discharge the Administrators of The Silver Thatch Pension Plan and their Agents from any and all further liability whatsoever in respect to my membership of this plan.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

**THIS APPLICATION CAN NOT BE MADE BY EMAIL. ALL ORIGINAL DOCUMENTS MUST BE SENT TO THE CUSTOMER SERVICE AGENT. THE CUSTOMER SERVICES AGENT MAY REQUEST FURTHER INFORMATION AND DOCUMENTATION TO VERIFY THIS ELECTION.**