

FIDELITY PENSION SERVICES (CAYMAN) LIMITED

A MEMBER OF THE FIDELITY GROUP OF COMPANIES

Individual Transfer Request

For Office Use Only:				
Employer Number:		Member Number:		
mployer Name:		Date (mm/dd/yy):		
Iember Name:				
/Ir/Ms/Mrs/Dr I	Last	First	Middle	
ame of Member's S	Spouse:			
	Last	First	Middle	
ast Date of Employ	ment with above Em	ployer (mm/dd/yy):		
lome Telephone:		Cell Phone:		
lember Mailing Ad	ldress:			
C	Box	District	Island	
Iember Email Addı	ress:			
		Transferring Out		

I understand that I am entitled to benefits under the Fidelity Pension Plan in relation to my employment with the employer listed above. I also understand that I can leave my benefit in the Fidelity Pension Plan where it may grow/decline based on market conditions until I retire or transfer my accumulated benefit to another approved pension plan.

I wish to transfer my accumulated b	enefits in The Fidelity Pension Plan to	
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Pension Plan. The Administrator of the receiving Pension Plan

is a Cayman Islands registered pension plan and is willing to accept this transfer.

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

Signature of Member:	Date (mm/dd/yy):
Administrator of Receiving Plan (Block Letters):	
Signature from Receiving Plan indicating acceptance of transfer	
Date (mm/dd/yy):	