

TERMINATION/TRANSFER /WITHDRAWAL FORM (Please Print)

PLAN NAME: _____ **PLAN No:** _____

EMPLOYER: _____ **MEMBER ID No:** _____

Member's Information

Name: _____
(Surname) (Maiden Name- If applicable) (Initial) (First Name)

Date of Birth: _____ **Telephone No:** _____
Month (i.e. JAN) Day Year (Home) (Work)

Date of Termination: _____
Month (i.e. JAN) Day Year

Request for Transfer/Payment of Accumulated Pension Benefits

Transfer to the pension fund of a new employer as follows:

New Employer _____

Pension Provider _____ **Attention:** _____

Transfer to a prescribed retirement product as follows:

BritCay Pensions (Individual Retirement Account) until further notice.

BritCay Pensions (Individual Retirement Account) for 2 years (Payment instructions MUST BE forwarded to BritCay Pensions in due course)

Retirement Savings Arrangement (RSA)

Other _____

Cash refund (If amount does not exceed CI\$5,000)

If leaving the Island, please provide us with:

Forwarding address

E-mail address _____

Telephone No _____

Your Confirmation

Employee's signature _____

_____ **Date**

Employer's signature _____

_____ **Date**

I understand that the process will take 6 (six) to 8 (eight) weeks from the letter of the termination/transfer/withdrawal date or the date this form was received, provided that all contributions are paid up to date.

Employer's signature _____

_____ **Date**

WHITE COPY: BritCay Pensions **YELLOW COPY:** Employer **PINK COPY:** Employee

BritCay Pensions