



## International Transfer Request Form

(This form must be accompanied by a copy of a valid photo ID (driver's license, passport, voter's ID or government ID))

Member A/C No. \_\_\_\_\_

Name of member: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Member number: \_\_\_\_\_

Name of member's spouse: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

## Declaration

I understand that I am entitled to benefits from Silver Thatch Pensions in relation to my employment with \_\_\_\_\_ . My last period of employment ended on \_\_\_\_\_ .

Name of employer

I understand that I can leave my benefits in Silver Thatch Pensions where it will continue to be invested on my behalf or transfer the current value of my account. I wish to transfer the current balance of my account to the \_\_\_\_\_ Pension Plan. The administrator of the pension plan is willing to accept this transfer.

Name of receiving pension plan

I understand that this transfer will be subject to the approval of the office of the Superintendent of Pensions, and the trustees may require further information prior to issuing their approval.

In relation to this payment, I hereby discharge Silver Thatch Pensions, its administrators and agents from all further liability whatsoever in respect to my membership of that pension plan.

Name of member (Block letters): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of member \_\_\_\_\_

Administrator of receiving plan (Block letters): \_\_\_\_\_ Date: \_\_\_\_\_

Signature from receiving plan indicating acceptance of transfer \_\_\_\_\_



**Election of Method of Payment**

Member A/C No. \_\_\_\_\_

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  
(NOTE: Payable in the Cayman Islands only. Silver Thatch converts between US and CI at a rate of 0.8325.)

U.S. Dollar Bank Draft  
(NOTE: 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 number \_\_\_\_\_

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.



**INDIVIDUAL TRANSFER REQUEST  
DEFINED CONTRIBUTION PLAN**

Name of member \_\_\_\_\_ Date of birth \_\_\_\_\_

Name of member's spouse \_\_\_\_\_ Date of birth \_\_\_\_\_

I understand that I am entitled to benefits under the \_\_\_\_\_  
Name of pension plan in this form referred to as the Transferring Pension Plan

in relation to my employment with \_\_\_\_\_  
Name of employer

My last period of employment ended on \_\_\_\_\_  
Date

I understand that I can leave my benefit in the Transferring Pension Plan where it will continue to accrue interest until I retire or transfer the current value of the accumulated contributions plus interest made by me and by my previous employer for me. I wish to transfer the accumulated contributions plus interest to the pension plan.

\_\_\_\_\_  
Name of receiving pension plan

The administrator of the receiving pension plan is \_\_\_\_\_

who is willing to accept this transfer (confirmed by that administrator by signing this form).

In consideration of this payment I hereby discharge the administrator of the transferring pension plan from all further liability whatsoever in respect of my membership of the transferring pension plan for the period of employment that ended on the date shown above.

\_\_\_\_\_  
Authorised signature for administrator of receiving pension plan

\_\_\_\_\_  
Signature of member

\_\_\_\_\_  
Name of administrator (Block letters)

\_\_\_\_\_  
Name of member (Block letters)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

NB. Please note that guidelines and guidance notes issued by the C.I. Department of Labour & Pensions for information only. The C.I. Department of Labour & Pensions cannot be held responsible in law for any opinion expressed, nor should any such opinion be regarded as grounds for legal action.