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Appendix II

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 (Block letters)

Name of Member (Block letters)

Date signed

Date signed

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