

Address: 2nd Floor Anderson Square, George Town, Grand Cayman | Mailing Address: P.O. Box 2182, Grand Cayman KY1-1105, CAYMAN ISLANDS Tel (345) 945-8960 | Fax (345) 945-8961 | Email npo@gov.ky | Web www.npo.gov.ky

## QUESTIONNAIRE

Company Name:			Conta	act #:
Was your company established prior to Ju	ne 1998? Yes No (	Please circle yo	our answer	r)
If no, what year was your company establis	shed?			
Name of Pension Plan:				
Please state the total number of Employees eligible for pension (a) 1 <sup>st</sup> June 1998 (b) 1 <sup>st</sup> January 1999				
1 <sup>st</sup> January 2000	January 2000 1 <sup>st</sup> January 2001			1 <sup>St</sup> January 2002
1 <sup>st</sup> January 2003	anuary 2003 1 <sup>st</sup> January 2004			1 <sup>St</sup> January 2005
1 <sup>st</sup> January 2006	1 <sup>st</sup> January 2007			Present
What are your pay periods? Wee	ekly Bi-Wee	kly M	Ionthly	(Please circle your answer)
When are pension deductions made from the employees' salary?				
When are pension contributions paid to the administrator?				
Do you owe any outstanding arrears? Yes No (Please circle your answer)				
If you circled 'Yes' above, how much do you owe?				
(Please call 945-8960, to make an appointment to discuss remedies and/or set up a payment plan)				
Have you had any problems with the plan? Please detail:				
General Comments:				
Signature for and on behalf of Emp	loyer		Name ir	n blocked capitals
Date				
PLEASE COMPLETE FOR	RM IN PRINT AND	<b>RETURN TO</b>	THE AB	OVE ADDRESS OR FAX

Thank you for your assistance.