

**INDIVIDUAL TRANSFER  
OUT/REFUND REQUEST**

**CHAMBER PENSION PLAN**



Company Name \_\_\_\_\_

Name \_\_\_\_\_  
Last First Initial

Name of Member's Spouse \_\_\_\_\_  
Last First Initial

My last period of employment ended on: \_\_\_\_\_  
Day Month Year

FOR OFFICE USE ONLY

Company Number	Member Number
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Member Number \_\_\_\_\_

Please indicate the address where all future correspondence is to be directed:

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Local Telephone \_\_\_\_\_

Overseas Telephone (if becoming non-resident)

\_\_\_\_\_

**Transferring out or Retiring**

I understand that I am entitled to benefits under the Cayman Islands Chamber of Commerce Pension Plan (the "Transferring Plan") in relation to my employment with the company listed above. I also understand that I can leave my benefit in the Cayman Islands Chamber of Commerce Pension Plan where it may grow/decline based on market conditions until I retire or transfer the commuted value of the accumulated contributions to another pension plan or approved retirement savings arrangement.

**If transferring to another pension plan:** I wish to transfer the commuted value of the accumulated contributions to the \_\_\_\_\_ Pension Plan (the "Receiving Plan"). The Administrator of the Receiving Plan is willing to accept this transfer. The name of the company I have started working with is \_\_\_\_\_.

**If transferring to an approved retirement savings arrangement:** I wish to transfer the commuted value of the accumulated contributions to \_\_\_\_\_.

I am of retirement age and wish to retire from the Cayman Islands Chamber of Commerce Pension Plan.

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

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Day Month Year

**Refund Request only**

I ceased to reside in the Islands on: \_\_\_\_\_  
(proof of non-residency may be required) Day Month Year

I understand that I am entitled to benefits under the Cayman Islands Chamber of Commerce Pension Plan in relation to my employment with the company listed above. I also understand that I can leave my benefit in the Cayman Islands Chamber of Commerce Pension Plan where it may grow/decline based on market conditions until I retire or apply for a refund if certain criteria are met.

I wish to apply for a refund of the commuted value of my pension benefit. In consideration of this payment I hereby discharge the Administrator of the Cayman Islands Chamber of Commerce Pension Plan from all further liability whatsoever in respect of my membership of that Pension Plan.

Please note, refunds are only allowed in the following circumstances:

- 1) The commuted value of the pension is over CI\$5,000 AND
  - a) the member's employment is terminated; AND
  - b) that member ceases to reside in the Islands; AND
  - c) no contributions have been made to a pension plan by, or on behalf of the member for a period of two years or more.
- 2) The commuted value of the pension is under CI\$5,000 AND
  - a) the member's employment is terminated; AND
  - b) that member ceases to reside in the Islands.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Day Month Year