

CHANGE OF MEMBER INFORMATION

CHAMBER PENSION PLAN



Name Member No
Last First Middle

Please provide new or updated information below: (attach documentation if relevant i.e. marriage licence)

Name Date of Birth
Last First Middle Day Month Year

Change due to: Marriage Incorrect information on file Other

Address Home Tel No
Box District Island

Beneficiary: Married Single

I do hereby revoke all Beneficiary Appointments heretofore made by me and hereby declare the following to be the beneficiaries of my benefits in the Cayman Islands Chamber of Commerce Pension Plan in the event of my death. **In the event of death, proceeds will be paid to your spouse (if any) or the person named below as contingent beneficiary.**

Last Name	First Name	Mid Init.	Day	Date of Birth		Relationship
				Month	Year	
Spouse						SPOUSE
Contingent Beneficiary						
Contingent Beneficiary or Estate						

Other Changes

Signature of Member Date
Day Month Year