



PENSION ENROLLMENT FORM

Member Enrolment Form

1. Employer Information

Company Name:	Employer Number:
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2. Other Plan Information

Have you ever had an account with BAF Insurance Company in the past? Yes No

Do you have pension assets with another pension plan? Yes No If 'Yes', which plan/plans?

3. Member Information

Mr. Ms. Mrs. Dr.	Member Last Name	Member Maiden Name	Member First Name	Member Middle Name	Date of Birth (MM / DD / YY)

4. Spouse Information

Are you married? Yes No Name of spouse: Date of Birth:

5. Beneficiary Information

Beneficiary Last Name	Beneficiary First Name	Relationship	Date of Birth (MM / DD / YY)	Percentage (%)

6. Contact Information

Mailing address:

Email address: Telephone:

7. Contribution Information

Estimated annual income range (KYD)

<20k 20k -25k 25k-30k 30k-40k 40k-50k 50k-60k >60k

Start date of employment: Start date of contribution:

Immigration Status (Please select one)

CAYMANIAN CAYMANIAN STATUS HOLDER PERMANENT RESIDENT w/ RIGHT TO WORK
 WORK PERMIT KEY EMPLOYEE SPOUSE OF ANY OF THE ABOVE

Please inform BAF Insurance as soon as possible of any changes to the above details

Signed by Employee: Date:

Employer Confirmation

Employer Name:

Signed by Employer: Date:

This form must be accompanied by a copy of a valid photo ID (Driver's License, Passport, Voter's ID or Government ID)

For Office Use Only

Signed by (Admin): Original Electronic Signed by (Reviewing Admin):

Date: Date: