



BAF INSURANCE
COMPANY (CAYMAN) LTD.

BAF GUARANTEED PENSION PLAN MEMBER TERMINATION AND CASH SURRENDER FORM

Date: _____

Attention: BAF Insurance Company- Pension Department
PO Box 10389, Grand Cayman KY1-1004
Cayman Islands - Fax: 345 9497192

MEMBER DETAILS:

Group Name: _____

Member number: _____ Date of Birth: _____

Member Name: _____
Last Name First Name Middle Name

ADDRESS DETAILS:

Mailing address: P.O. Box _____ KY1 _____

Email address: _____

Telephone number(s): _____
Home Cellular

EMPLOYER DETAILS:

Employer Name: _____ Date of termination: _____

Employer address: _____ Employer Telephone number: _____

Employer Signature: _____ Employee Signature _____

Date Signed: _____

FOR OFFICE USE ONLY- (Please note this page can be completed for termination of employment only. However, for cash surrendering purposes all other pages attached are required to be completed and returned to our office.

DATE RECEIVED: _____ Signed by: _____



BAF INSURANCE
COMPANY (CAYMAN) LTD.

Member No: _____

I, _____ of _____ hereby confirm that:
(Full legal name) (Place of Residence)

(1) I terminated my employment with _____ on _____.
(Insert name of employer) (dd/mm/yy)

I have ceased to reside in the Cayman Islands on _____ and I acknowledge that:
(dd/mm/yy)

(1) No contributions have been made to the Pension Plan by me or on my behalf for a period of two (2) years or more,

(2) The accumulated present value of my pension is less than \$5,000 (CI) or exceeds \$5,000 (CI) I here by request that the balance of my funds in my pension plan is paid to me by way of:

International US Draft and forwarded to me by FedEx to the physical address below:

U.S. Dollar International Wire Transfer: (Do not apply to Jamaica)

If your account is outside of the United States please ensure that the "U.S. Correspondent" details are provided in addition to your bank details. (NOTE: this information is essential; incomplete wire details will result in delay of payment and may also in payment via alternative methods)

U.S. Correspondent Bank _____
U.S. Correspondent bank SWIFT Code or ABA # _____
Your Bank's Name _____
Your Bank's Address _____
Your Bank's SWIFT Code or ABA # _____
Your Account Name _____
Your Account Number _____

***PLEASE PRESENT COPY OF VALID PASSPORT AND AIRLINE TICKET WITH THIS FORM.**

Signature of Member

Witness Notary public (outside Cayman Islands)
(Please fasten seal or stamp)

Date

Date