

**BAF INSURANCE COMPANY (CAYMAN) LTD.**

Dot.Com Center, Industrial Park

P.O. Box 10389 Grand Cayman KY1-1004

Cayman Islands

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**TRANSFER REQUEST FORM**

\_\_\_\_\_  
Member's Name and Policy Number

\_\_\_\_\_  
Member's Home Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

I am a Member of the BAF Cayman Guaranteed Pension Fund. I understand that I can leave my benefit with BAF Cayman Guaranteed Pension Fund where it will continue to accrue interest until I retire or that I am entitled to transfer the value of my Pension Account after any transfer charges, to another approved pension plan.

As such, I would like to transfer the value to:

\_\_\_\_\_  
Name of receiving Pension Plan

\_\_\_\_\_  
Name of current Employer

\_\_\_\_\_  
Member's Employee Number

In consideration of this payment, I hereby discharge the Administrator of the BAF Cayman Guaranteed Pension Fund from all further liability whatsoever in respect of my membership of this Pension Plan.

\_\_\_\_\_  
Member's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
I, \_\_\_\_\_ hereby accept / decline  
Administrator of receiving plan (BLOCK LETTERS)

transfer of funds.

\_\_\_\_\_  
Signature of Administrator from receiving plan

\_\_\_\_\_  
Date