



**APPLICATION TO ACCESS
EMERGENCY WITHDRAWAL OF PENSION FUNDS - (Section 52I(6))**

PLEASE SUBMIT TO YOUR PENSION PLAN ADMINISTRATOR

NAME OF PENSION PLAN: _____

MEMBER NAME: _____

DATE OF BIRTH: _____ EMPLOYER NAME: _____

day/month/year

MEMBER NO. _____

POSTAL ADDRESS: _____ CONTACT NUMBER(S): _____

EMAIL ADDRESS: _____

WITHDRAWAL

I fully understand that any withdrawal of benefits from my plan will directly affect my future retirement benefit. I fully understand that due to the current global economy and market conditions this withdrawal should ONLY be considered in an emergency situation.

Please select one of the following options:

If the balance is less than or equal to CI\$10,000.00 or USD equivalent, I wish to apply for 100% of the account value,

If the balance is in excess of CI\$10,000.00 or USD equivalent, I wish to apply for ONLY CI\$10,000 or USD equivalent,

If the balance is in excess of CI\$10,000.00 or USD equivalent, I wish to apply for the full amount permissible:

CI \$ 10,000.00 or USD equivalent and 25% of the remaining balance of the amount that exceeds \$10,000.

I wish to apply for the requested amount of KYD or USD \$ _____.

REQUIRED DOCUMENTATION

In addition to this application, I have attached the following supporting documentation:

Original Government issued photo ID with signature provided to pension plan administrator in person **OR** Copy of Government issued photo ID with signature that has been notarised by a Notary Public or Certified by a JP.

If I am no longer in the Cayman Islands, I have also attached a copy of my final airline ticket/itinerary or boarding pass showing my departure date of 1 February 2020 or later.

DECLARATIONS

I hereby declare the following information to be true:

_____ I understand that under the Emergency Withdrawal provisions, I am entitled to a one-time withdrawal and hereby apply for that withdrawal.
Initials

_____ I understand that I cannot withdraw if I am a public servant and the pension contributions held in my account were contributed by a statutory authority or Government company.
Initials

_____ I am presently in the Cayman Islands or have departed since the 1st February, 2020, as evidenced by a copy of my final airline ticket/itinerary or boarding pass.
Initials

Only completed applications will be accepted by the pension plan administrators. All incomplete applications will be rejected until the required documents are provided.

PAYMENT DETAILS

I would like payment in the following form:

Cheque made payable in KYD or USD – *(If you don't have a bank account for the payment to be deposited, please contact your pension plan administrator)*

Domestic Transfers/Wire transfers (Please complete section below for local transfers. For non-domestic payments, please contact your pension plan administrator for their wire transfer template)

DOMESTIC PAYMENT OPTION ONLY (for non-domestic payments, please contact your pension plan administrator for their wire transfer template) Funds will ONLY be transferred to a bank account in the member's name.

ACCOUNT	USD	KYD
ACCOUNT	SAVINGS	CHECKING
NAME OF ACCOUNT HOLDER: _____		
ACCOUNT NUMBER: _____		
BANK NAME: _____		
BANK TRANSIT NUMBER (RBC AND SCOTIA BANK ONLY): _____		
By signing below, I confirm the above information to be accurate and therefore will not hold the _____ Pension Plan at fault if the funds are sent as detailed above but not received or credited due to incorrect information.		
Member Signature _____ (Signature as it appears in Government ID)		Date _____ day/month/year

A person who knowingly or willfully provides false or misleading information in this application commits an offence and is liable on summary conviction to a fine of ten thousand dollars or to imprisonment for a term of one year, or to both. (Section 52I(7)).

The information provided in this document, which is signed by me, is made to the best of my knowledge and belief. I make it knowing that if it is tendered, I shall be liable for prosecution, if I have willfully stated in it anything that I know to be false or do not believe to be true.

Member Signature _____
(Signature as it appears in Government ID)

Date: _____

TIMELINES

Following the submission of the application, please note the following timelines:

- The administrator shall:
 - within **7 days** of receiving the application under this Part, notify the applicant of the administrator's receipt of the application;
 - within **14 days** of notifying the applicant of the administrator's receipt of the application, notify the applicant of the administrator's decision to approve or refuse the application.
 - within **45 days** of receipt of the application, issue the amount in the form of a cheque or by direct deposit payable to the financial institution instructed by the applicant