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For Office Use Only

EMPLO	YEE ENROL	LMENT FORM	1				Company #		
							Member #		
Name						7	Local Tel#:		
	Last		First		Initial]			
	Date of Birth	ı.]		
Dute of Bi				Day	Month	Year			
	Passport #:]			
	Country of B	Country of Birth:						Are you a US	Person?
	Name of Emp	Name of Employer:						(Circle applicable) Yes	
				T		-		No	
	Address	PO Box		Postal Code		District]	
Physical <i>F</i>	Address/locatio	n							
Tel:			Fax:			E-mail:			
]	
	Spouse's Nar	me	Last		First		Initial	J	
Are you c	currently contril	buting to a Pensi	on Plan?		_If yes, whi	ch Plan?			
When wa	When was your last contribution made			Marchi		Period?			
Day Start date with Cayman National Pension Fund				Month Month	Year]			
hereby de	signate the below r	named person(s) as	peneficiary(ies)			an.			
		esignation will have r							
Name(s) of Beneficiaries ast First				D.O.B day / month / year	Address P.O. Box, Post	Code, District		Relationship	
Signature o	f Employee						Day	Month	Year

This completed form should be accompanied with a clear valid copy of your Passport