

# PENSION PLAN ENROLLMENT FORM

<b>Name of Pension Plan/Company</b>		
<b>Surname</b>	<b>First Name</b>	<b>Middle Name</b>

<b>DATE OF BIRTH</b>	<b>SEX</b>	<b>NIS NUMBER</b>	<b>REGISTRATION NUMBER</b>	<b>MARITAL STATUS</b>
Day: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>

Member's Address:

<b>NAME OF SPOUSE (Automatic Beneficiary)</b>		<b>Surname</b>	<b>First Name</b>	<b>Middle Name</b>
<b>DATE OF BIRTH</b>		<b>SPOUSE'S NIS NUMBER</b>	<b>SPOUSE'S REGISTRATION NUMBER</b>	
Day: <input type="text"/>	Month: <input type="text"/>	Year: <input type="text"/>	<input type="text"/>	

<b>BENEFICIARY (If No Spouse)</b>		<b>Surname</b>	<b>First Name</b>	<b>Middle Name</b>
<b>DATE OF BIRTH</b>		<b>RELATIONSHIP OF BENEFICIARY</b>	<b>BENEFICIARY'S REGISTRATION NUMBER</b>	
Day: <input type="text"/>	Month: <input type="text"/>	Year: <input type="text"/>	<input type="text"/>	

First Witness: \_\_\_\_\_  
(PLEASE PRINT NAME)

Signature: \_\_\_\_\_

Second Witness: \_\_\_\_\_  
(PLEASE PRINT NAME)

Signature: \_\_\_\_\_

I hereby apply for registration as a member of the pension plan and agree to abide by the rules of the plan. I authorize my employer to deduct from my salary/wage any contributions I am required to make to the plan. I do  / do not , wish to make additional voluntary contributions to the plan, equivalent to \_\_\_\_\_% up to the NIS maximum and \_\_\_\_\_% in excess of the ceiling, if any.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## INVESTMENT ELECTION SECTION

Please select the investment option that best meets your requirements by placing a tick (✓) in **one** of the appropriate boxes below:  
 I would like to have my Pension Plan contributions invested as follows:

FORTRESS CARIBBEAN PENSION FUND		
<input type="checkbox"/> Aggressive Accumulator	<input type="checkbox"/> Conservative Consolidator	<input type="checkbox"/> Capital Secure

I acknowledge that I have received and read the Fortress Caribbean Pension Fund Prospectus dated September 30<sup>th</sup>, 2003 and I am aware that the value of the shares can go up and down due to the nature of the investment opportunity and related risks and the above selection has been made of my choice and without coercion.

Member's Name: \_\_\_\_\_  
(PLEASE PRINT NAME)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(DD / MM / YY)

Witness' Name: \_\_\_\_\_  
(PLEASE PRINT NAME)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(DD / MM / YY)

## TO BE COMPLETED BY EMPLOYER

<b>EMPLOYER</b>					
<b>DATE EMPLOYED</b>			<b>DATE ENROLLED</b>		
Day: <input type="text"/>	Month: <input type="text"/>	Year: <input type="text"/>	Day: <input type="text"/>	Month: <input type="text"/>	Year: <input type="text"/>

\_\_\_\_\_  
 Employer's Signature & Stamp

\_\_\_\_\_  
 Date