

Registered Retirement Savings Plan

APPLICATION FORM

Policy No. _____

Policyowner Information:

Dr. Mr. Mrs. Miss. Ms.	First Name:		Middle Name:
	Surname:		
Address:			
Tel: (Work)		Tel: (Home)	Tel: (Cell)
Email:			

Occupation:

Employer:

Date of Birth			Sex	
MM	DD	YY	Male <input type="checkbox"/>	Female <input type="checkbox"/>
National ID Number:			NIS Number:	

Beneficiary Designation:

I hereby designate the person named below as my beneficiary to receive all amounts payable under this plan in the event of my death and if he/she is alive. I reserve the right, without the consent of the beneficiary to further change the beneficiary subject to any statutory restrictions.

BENEFICIARY INFORMATION:

Dr. Mr. Mrs. Miss. Ms.	First Name:		Middle Name:
	Surname:		
Address:			
Relationship to Policyowner:			
Tel: (Work)		Tel: (Home)	Tel: (Cell)
Email:			

Occupation:

Employer:

Date of Birth			Sex	
MM	DD	YY	Male <input type="checkbox"/>	Female <input type="checkbox"/>
National ID Number:			NIS Number:	

Registered Retirement Savings Plan

Home Ownership Information:

Do you currently own a home? (If yes, state Address)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever owned a house in the past? (If yes, state Address)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Address:			Address:		

Investment Options:

Please invest my contributions in this plan as follows:

Select One (1) option ONLY

Fortress Managed Option

Select one (1) of the three (3) share classes in the Fortress Caribbean Pension Fund Limited:

- Aggressive Accumulator (AA) Share
- Conservative Consolidator (CC) Share
- Capital Secure (CS) Share

OR

Fortress Select Option

Select one of the following Fortress Mutual Funds:

- Fortress Caribbean Growth Fund
- Fortress Caribbean High Interest Fund

Date of Maturity:

MM	DD	YY
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Declaration:

I hereby apply to Fortress Insurance Company Ltd. to open a Registered Retirement Savings Plan in accordance with the instructions as set out above and the terms of the Declaration of Trust, a copy of which I have received. I further request that the Plan be registered as a Registered Retirement Savings Plan in accordance with the provisions of the Income Tax Act of Barbados.

I further agree as follows:

- The information given in this application is true and complete.
- I consent to the fee schedule as set out in Appendix I of the Declaration of Trust and any amendments thereto from time to time.
- I accept that no interest will accrue on any amount withdrawn or transferred from my Registered Retirement Savings Plan from the date of such withdrawal or transfer from the plan.

Initial Subscription:

Amount paid with application: \$ _____ Cash Cheque Debit Currency _____

Cheques should be made payable to: **"Fortress Insurance Company Ltd."**

N.B. A declaration of source of funds form must be completed for all transactions equal to and exceeding BDS\$10,000 or its equivalent.

Applicant's Signature:		Date:
Name of Witness:	Signature of Witness:	Date:
Address of Witness:		

FOR OFFICIAL USE ONLY

Application Received By:	Date Checked:
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