



THE FIDELITY PENSION PLAN

Member Enrollment Form

For Office Use Only:

Member Number:

Please complete the following information:

Employment Start Date: _____ Plan Entry Date: _____

Employer Name: _____

Member Name:

Mr/Ms/Mrs/Dr Last First Middle

Birth Date (mm/dd/yy): _____

Sex: [] Male [] Female Marital Status: [] Married [] Single [] Divorced [] Widowed

Permit Holder [] Permanent Resident [] Caymanian []

Home Telephone: _____ Cell Telephone: _____

Email: _____

Member Mailing Address:

Box Postal Code District Island

Name of Spouse: _____ Birth Date of Spouse: _____

Address of Spouse:

 **FIDELITY**
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Dependent Children:

Name	Date of Birth

Members are referred to the separate form which, subject to certain legal limitations, permits them to designate beneficiaries to take their interest in the plan in the event of their death.

I certify the above referenced details to be correct and agree to notify the Trustees of the Fidelity Pension Plan of any changes. I acknowledge receipt of a copy of the Trust Deed and a copy of the Information Memorandum dated April 1, 2004 and acknowledge that I am not relying on any other advice or representations from Fidelity Pension Services (Cayman) Limited or its agents or employees. I hereby agree to be bound by the terms of the Plan (as set out in the Trust Deed and Information Memo) and to comply with my obligations under the Plan and under the provisions of the Law (as defined in the Trust Deed).

I hereby agree to indemnify and hold harmless the trustees of the Fidelity Pension Plan for any loss, damage or expense incurred by reason of any failure on my part to comply with the terms of the Trust Deed or the provisions of the Law or by reason of the provision by me of inadequate or inaccurate information in respect of my circumstances or by reason of my failure to update the trustees in respect of any changes thereto.

Signature of Member: _____ **Date:** _____

We confirm that the above referenced person is an employee of ourselves and that, to the best of our knowledge, the above details are correct.

Signature of Employer: _____ **Date:** _____

Name of Signatory: _____ **Position:** _____



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Designation of Beneficiary(ies) Form

Constituted by a Trust Deed dated April 1, 2004

Designation of Beneficiary(ies): Section 39 of the National Pensions Law and Clause 57 of the Trust Deed

If a member dies leaving a spouse, the value of his interest in the plan will accrue to his surviving spouse.

Where a member dies leaving no surviving spouse, the member’s interest in the plan will accrue to his estate *unless* he designates a beneficiary or beneficiaries.

Where a member dies leaving no spouse but with dependent children, he may make an allocation between those dependent children.

Where a member dies leaving no spouse and no dependent children, he may designate another beneficiary or beneficiaries.

Any designations may be revoked and new designations made by a member during his lifetime.

*** Delete as applicable and initial.**

*** I confirm that I have no spouse but I have dependent children and wish to designate them as my beneficiary(ies) and confirm that this designation shall continue to apply if they or any of them cease to be dependent on me:**

Name	Relationship	Date of Birth	Address	Percentage (1)

(1) Percentages must be specified and should not exceed 100%, although they may total less than 100%.

NB: AFTER THE FORM HAS BEEN COMPLETED, BOTH YOU AND YOUR WITNESS SHOULD INITIAL NEXT TO THE BOXES ON BOTH PAGES AS WELL AS SIGNING AT THE END OF PAGE 2.



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* Delete as applicable and initial.

* I have no spouse or dependent children and designate the following person(s) as beneficiary.

Table with 5 columns: Name, Relationship, Date of Birth, Address, Percentage (1)

(1) Percentages must be specified and should not exceed 100%, although they may total less than 100%.

SIGNED BY:

Member's Name - Print Name

Signature of Member

in the presence of:-

Witness's Name - Print Name

Signature of Witness

Address of Witness:

Occupation of Witness:

Date: