

Election on Cessation of Residence

Employer Number: Member Number:				
шрю	yer Hullibe	71 •	Weinber Number.	
ı		of		hereby confirm that:
',	(Full Lega		(Place of Residence)	nereby commit mat.
	(i dii Loge	i Hame)	(1 lace of Nesidefiee)	
1.	I terminate	ed my employment with		(insert name of
	employer)	on the day of	, in the ye	ear
2.		ased to reside in the Caymar	n Islands on the day of	, in
3.	No contributions have been made to the Fidelity Pension Plan by me or on my behalf for a period of two (2) years or more,			
	OR			
4.	The accur	mulated present value of my	pension benefit is less than \$5	5,000 (KYD)
Accord		n to make the following elect	ion in respect of the units attrib	outable to my
	☐ I OR	Redeem the units and send t	the lump sum payable to me	
			the redemption proceeds there Pension Plan, whice	
	1	pension plan under the Natio	onal Pensions Law, or a retirem	nent savings
	ć	arrangement approved by the	e Office of the Superintendent	of Pensions.



Page 2 of Election on Cessation of Residence Form

Signature of Member:	Witness:				
	(Notary Public outside Cayman Islands)				
Date (mm/dd/yy):	Date (mm/dd/yy):				
PLEASE PROVIDE A NEW ADDRESS, TELEPHONE NUMBER, AND EMAIL ADDRESS:					
NEW ADDRESS:					
NEW TELEPHONE NUMBER:					
EMAIL ADDRESS:					