



RF BANK AND TRUST (CAYMAN) LIMITED
A MEMBER OF THE RF GROUP OF COMPANIES

Change of Membership Information

Date of Change Request (mm/dd/yy): _____ **Member Number:** _____

Member Name: _____
Mr/Ms/Mrs/Dr Last First Middle

Please provide new or updated information below:

Change due to: ☐ Marriage ☐ Incorrect Information on File ☐ Other _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Birth Date (mm/dd/yy): _____ **Home Telephone:** _____

Member Mailing Address: _____
Box District Island

Name of Spouse: _____ **Birth Date of Spouse:** _____

Address of Spouse: _____
Box District Island

Dependent Children:

Name	Date of Birth



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Other Changes Not Noted Above:

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 RF Pension Plan of any additional changes.

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:** _____