

TYPE OF PENSION REQUESTED:

7. If eligible, I want to retire with a (check one type of pension):

- (a) REGULAR PENSION – for employees who have attained age 65 with at least 10 pension credits accumulated.
- (b) EARLY RETIREMENT PENSION – for employees between the ages of 55 and 65 with at least 15 pension credits accumulated.

TYPE OF PENSION REQUESTED: (CONT'D)

- (c) DISABILITY PENSION – for totally and permanently disabled employees who have attained age 50 with at least 15 pension credits accumulated.
- (d) DEFERRED VESTED PENSION – for employees who leave the industry and have at least 10 pension credits to retire at age 65, or 15 pension credits to retire between ages 55 and 65.

8. Have you previously elected either the Joint or survivor Pension or the 60 Month Guarantee Certain?

- YES NO

JOINT AND SURVIVOR PENSION

9. Please check the appropriate box below. If you are **not** married, The Joint and Survivor Pension is not available and you must check **Box A**. If you **are** married you must check box A, B or C. If you have previously elected the Joint and Survivor Pension and wish to reject it prior to your retirement, you may do so by checking **Box A**.

- A I **do not** wish to receive my pension benefits in the form of a Joint and Survivor Pension.
- B I **do** wish to receive my pension benefits in the form of a Joint and Survivor Pension.
- C I **may** wish to receive my pension benefits in the form of a Joint and Survivor Pension and wish to be informed of the exact amount of the pension benefits payable to myself and my spouse under the Joint and Survivor Pension.

If you check **Box C**, make sure you fill out completely item 5 and include copies of proof of marriage and your spouse's date of birth.

____/____/____
Day Mo. Yr.

Name

BAHAMAS HOTEL INDUSTRY MANAGEMENT PENSION FUND

SOUTHERN ENTRANCE; SG HAMBROS BUILDING, WEST BAY STEET; PO BOX N7799; NASSAU NP, THE BAHAMAS; (242) 322-8381-4(242) 502-4343 FAX: (242) 502-4221

RETIREE CONTACT INFORMATION FORM

The following information is needed from all pensioners to complete our records.

NAME: _____

NATIONAL INSURANCE NO: _____

STREET ADDRESS: _____

POSTAL ADDRESS: _____

TELEPHONE CONTACTS: _____

MICHAEL C. RECKLEY, ESQ.
SECRETARY OF THE BOARD OF TRUSTEES