

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

BENEFICIARY DESIGNATION

NATIONAL INSURANCE NO. _____

EMPLOYEE NAME _____

ADDRESS _____

I hereby designate as my Primary Beneficiary to receive the pension benefits, if any, payable at my death under the Rules and Regulations of the Pension Plan:

Name of Primary Beneficiary	Address	Relationship
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In the event that my Primary Beneficiary named above predeceases me, I hereby designate as my Secondary Beneficiary to receive the pension benefits, if any, payable at my death under the Rules and Regulations of the Pension Plan it being understood that if any Primary Beneficiary survives me, no benefit will be paid to a Secondary Beneficiary:

Name of Secondary Beneficiary	Address	Relationship
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Employee's Signature

Date

Witnessed by: (Not a named Beneficiary)

Date

ROBERT D L SANDS, CBE
CHAIRMAN OF THE BOARD OF TRUSTEES

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