

Pension Application

BAHAMAS HOTEL INDUSTRY MANAGEMENT PENSION FUND
S G Hambros Building-West Bay Street
Nassau, N.P., The Bahamas
P O Box N 7799
(242) 322-8381/4

INSTRUCTIONS:

Please read all questions carefully and print all answers. Be sure to sign and date the application. Mail the completed application to the Fund Officer with proof of age for yourself and if applicable, for your spouse with proof of the date of your marriage.

PERSONAL DATA:

1. Name: _____
Last First Middle
2. Address: _____
3. National Insurance No. _____ 4. Date of Birth _____ (Attached proof of age See instructions)
Day Mo. Yr.
5. Are you married YES NO If answer is YES, Complete the following:
Name of Spouse: _____
Date of Marriage: ____/____/____ (Attach proof of marriage Spouse's date of birth ____/____/____ (Attach proof of age)
Day Mo. Yr. Day Mo. Yr.
- If unmarried have you made a beneficiary designation or do you wish to change your beneficiary designation? If yes, fill out the enclosed beneficiary designation form A-6
6. Last date you worked or intend to work ____/____/____
Day Mo. Yr.

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.

- I **do not** wish to receive my pension benefits in the form of a Joint and Survivor Pension.
- I **do** wish to receive my pension benefits in the form of a Joint and Survivor Pension.
- 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

DISABILITY PENSION

10. If you are applying for Disability Pension, complete the following and complete the enclosed Medical Release Form.

(a) Date you first became disable _____

(b) Nature of you disability _____

(c) Have you applied for Invalidity Benefits under the National Insurance Regulations?

If yes, have you received a decision on your application yet? YES NO

If yes, was it approved or rejected? APPROVED REJECTED

If it has been approved, submit together with this application proof of invalidity Benefits being awarded.

My signature below signifies that:

- 1. The above statements are true to the best of my knowledge and behalf.**
- 2. I understand that a false statement may disqualify me for pension benefits**
- 3. I understand that if, after the effective date of my pension, I re-enter full time employment in this industry with a contributing employer, my pension benefits shall by suspended for any calendar month in which I am so working.**
- 4. If Box, Item 9 is checked, I understand;**
 - (a) the 60 month Guarantee Certain will not apply.**
 - (b) if my spouse predeceases me or we are divorced, the amount of my Joint and Survivor Pension will continue to be paid to me in the reduced amount for my lifetime.**
 - (c) If I am not married at the time of my death, my designated beneficiary will not receive any further pension checks.**
 - (d) I must have been married to my spouse for at least one (1) year at the time my pension benefits commence for my spouse to be eligible to receive the Joint Survivor Pension benefits an that only the spouse so named in this application will be eligible for the Joint and Survivor Pension benefits at the time of my death.**

Signature _____ **Date:** _____

Witnessed by: _____ **Date:** _____

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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: _____

STREET ADDRESS: _____

POSTAL ADDRESS: _____

TELEPHONE CONTACTS: _____

J BARRIE FARRINGTON, CBE
CHAIRMAN OF THE BOARD OF TRUSTEES

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