



CHAMBER PENSION PLAN

Employee Enrollment Form

Member # _____

NOTE: A valid form of government-issued identification must be submitted along with this enrollment form.

Mr Mrs Miss Other

Name _____
Last Name First Name Middle Name

Immigration Status Caymanian Expat Other Date of Birth _____
MM/DD/YYYY

Preferred Method of Communication: Digital Statements via Member Portal Printed Statements via Mail

Digital Statements via Member Portal: Member statements will be available via portal access in your statement section at chamberpension.ky. All other communications will be sent by e-mail or posted via our website or social media channels. **Printed Statements via Mail:** Your member statements will be posted online via portal access as well as sent by postal mail. A current and valid mailing address MUST be on file. If no valid mailing address is on file, your account will default to electronic communication and your monthly member statement will be available online via portal access in the statement section.

Email _____ Mail Address _____
PO Box Postal Code District

Telephone _____ Mobile _____

Married Yes No Spouse's Name _____ Date of Birth _____
MM/DD/YYYY

Company Name _____ Employment Full time Part time

Start Date of Employment _____ Start Date of Contributions _____
MM/DD/YYYY MM/DD/YYYY

BENEFICIARY DESIGNATION

I hereby designate the person(s) named below as my beneficiary(ies) for purposes of the Chamber Pension Plan. I acknowledge that this designation will have no effect if I have a spouse on my date of death. This designation revokes any prior beneficiary designations, for the Chamber Pension Plan, made by me

Last Name	First Name	Date of Birth MM/DD/YYYY	Relationship	%

ADDITIONAL VOLUNTARY CONTRIBUTIONS INVESTMENT INSTRUCTIONS

Additional Voluntary (AVC) contributions can be made by payroll deductions (if your employer allows). If you wish to make AVCs (or change the level of AVCs you currently make via payroll deductions), please check the box below and enter the amount of your contribution.

I wish to make AVCs through payroll deductions. I have advised my employer of the dollar amount I wish to have deducted from my payroll.



ALLOCATION OF ADDITIONAL VOLUNTARY CONTRIBUTIONS

AVCs can be invested in any of the six Funds offered by the Chamber Pension Plan. I hereby request that my additional voluntary contributions be allocated as follows:

Fund Name	% of AVC Contributions
2060	
2050	
2040	
2030	
Income Growth	
Income Conservative	

If you do not provide investment instructions, your AVCs will be invested in the same fund as your basic contributions. I understand that:

- 1) My employer is under no obligation to make or match AVCs
- 2) AVCs (or related earnings) cannot be withdrawn any earlier than permitted by law

SELECTING A MORE CONSERVATIVE FUND OR REALLOCATION OF EXISTING SHARES

- 1) You may choose to invest in a more conservative fund offered by the Chamber Pension Plan by completing the section below indicating the name of the fund (Example: Income Growth Fund) or
- 2) You may move all or a portion of your existing units by completing the table below (Example 100% Redeem 2030 Purchase 2040)

Instructions	Fund Name	Amount (\$ or shares)
Redeem		
Purchase		
Redeem		
Purchase		
Redeem		
Purchase		

If you have any questions about how to allocate your AVCs, refer to the Chamber Pension Plan Fund Fact Sheet or contact the Chamber Pension Plan directly.

I authorize the Administrators of the Plan to act per the directives in this document and consent to the processing of my personal data according to their privacy policy. The full policy may be viewed at chamberpension.ky/terms-and-conditions.

Member signature _____ Employer Signature _____ Date _____
MM/DD/YYYY

PRINT

RESET