



ELECTION OF FORM OF PENSION

POLICY HOLDER (NAME OF GROUP)			GROUP POLICY NUMBER	
Member's Name	LAST NAME	FIRST NAME	MIDDLE NAME	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>	
Certificate Number				
Date of Birth	(DD/MM/YYYY)	Nationality	Status <input type="checkbox"/> Citizen <input type="checkbox"/> Resident	
National Registration #	Passport Number	Driver's Licence Number		
Residence Address				Duration
Telephone contact	HOME	BUSINESS	CELL	
Email contact				
Occupation			Department	

I, being a member of the above Group Pension Plan, hereby elect to receive the following benefit in accordance with the terms of the plan, upon my retirement.

Annuity payments to commence on _____

PLEASE MARK (X) OPPOSITE OPTION SELECTED.

A full monthly pension of \$ _____ guaranteed for () (5) or (10) years and life thereafter

NAME OF BENEFICIARY _____

RELATIONSHIP _____

BANKERS _____

ADDRESS _____

ACCOUNT # _____

BOARD OF BARBADOS REVENUE AUTHORITY FILE _____

MEMBER'S SIGNATURE _____ WITNESS _____