5. GRS Foreign Currency Fund (GRS FCF)

Section A MEMBER DETAILS



APPLICATION FORM GUARDIAN RETIREMENT SCHEME

Please use block letters when completing this form $EB\ 165$

3Name: ☐ Mr. ☐ Mrs. ☐ M	_										
Marital Status: Single □ Mar	rried □ Di	vorced □ Wido	First owed □ S		ı S	Middle ex:□F□M	l Date	of Birth: DE	Last)	MM	Maiden YY
Occupation:				•							
Name of Employer:											
Source of Funds:											
Annual Income / Emoluments:			Home Ad	ddress:							
Mailing Address:(Proof of address to be attached)											
Telephone No: (H)			(W) _				(Mob	ile)			
Passport #:(A valid copy of any of the above must be	pe attached)	Driver's L	icence # :			E	lectoral F	Registration	ID/Natio	nal ID # :	
Expiry Date: DDMM_	YY	¹GRS Ac	count #:			2TRN: _				_ NIS# :	
Nationality:		Place of Bir	th:			Preferred me	thod of c	orresponder	nce: 🗆 E	E-mail 🗖 Pos	tal mail 🗖 Text message
Next of Kin:					A	ddress of Nex	t of Kin :				
Relationship	Tel	l. No.(s):									
*Name of Referee: 1)						2)					
*Referee must be from one of th											
Address of Referee: 1)						2)					
Tel. No.(s) of Referee: 1) Are you an active member of a lf yes, you will only be able to pa	an Approved	I Retirement Sch	neme?	YES 🗆 N	NO 🗆						
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6. GRS Equity Fund (GRS EF)

7. GRS International Equity Fund (GRS IEF)

A trustee must be appointed for beneficiaries under 18 years of age. The % split column is applicable to 'Beneficiary' only.

	Name of Beneficiary/Trustee	Sex	D.O.B.	Relation- ship	Address	TRN	Tel. No.	% Split
4	Beneficiary:							
'	Trustee:							
2	Beneficiary:							
_	Trustee:							
3	Beneficiary:							
	Trustee:							
4	Beneficiary:							
4	Trustee:							

Politically Exposed Persons (PEP)/Public Figures: Do you, any immediate family or close associates, currently serve or previously served in the capacity of an official/senior official in the administrative, legislative or executive division of the government, military or judiciary of your country of residence or in any other foreign country government? Yes No
Do you, any immediate family or close associates, currently serve or previously served in the capacity of assistant commissioner or higher of the police force or as a senior executive of a state owned company of your country of residence or a foreign government?
If you have ticked "Yes" to any of the above, please state the capacity?
Authorization, Declaration and Consent: I understand that the information provided in this form will enable Guardian Life Limited to manage operations and risks and allow for the enhancement of customer experience. I further comprehend that the information provided may be used to appease information requests of the regulators or in order to satisfy legal or regulatory requirements and hereby grant permission for the usage of the information for the purposes herein stated or as may be required from an operational standpoint.
I hereby apply for membership in Guardian Retirement Scheme and declare that, to the best of my knowledge, the information given and the statements made in this application are complete and true. I also understand that failure to disclose important and material information may invalidate my membership in the Scheme or affect future benefits. I have received and reviewed the terms and conditions outlined in the GUARDIAN RETIREMENT SCHEME Information Folder. I am aware that investment returns and principal value under GRS Investment Funds may fluctuate so that my units, when realized, may be more or less than their initial value.
I agree that my client data may be shared with Guardian Life's group corporate structure which includes its parent company, subsidiaries, associated and affiliated companies as well as with credit bureaus and regulators in and outside of the jurisdictions in which Guardian Life operates.
Signature of Contributor: Date:
Name of Witness:
Signature of Witness: Date:
FOR INTERNAL USE ONLY
Advisor's Name:

GUARDIAN LIFE LIMITED

Index by GRS Account Number, TRN and Name. Scan both pages of this document

12 Trafalgar Road, Kingston 5, Jamaica

Effective Date of Participation:

Signature:

Date: _____

²TRN:

Pension Administration Supervisor/Manager

Receipt #:_

Telephone: (876)978-8815 Facsimile: (876) 978-7848 Email: gllpensions@myguardiangroup.com www.myguardiangroup.com

Total Contribution Received: \$_____

¹GRS Account No:

Cashier's Signature: _

³ Name of Applicant: _