

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
1	Beneficiary:							
	Trustee:							
2	Beneficiary:							
	Trustee:							
3	Beneficiary:							
	Trustee:							
4	Beneficiary:							
	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? Yes No

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: _____ Advisor's Code No: _____ Branch: _____

¹GRS Account No: _____ Effective Date of Participation: _____ ²TRN: _____

Total Contribution Received: \$ _____ Date: _____ Receipt #: _____

Cashier's Signature: _____ Signature: _____ Pension Administration Supervisor/Manager

³ Name of Applicant: _____

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

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