



TRANSFER AUTHORISATION FORM FOR GUARDIAN RETIREMENT SCHEME (GRS) EB 163

PLAN MEMBER IDENTIFICATION

³First Name _____ Last Name _____ MI _____

Address _____

²TRN _____ Date of Birth (DD/MM/YYYY) _____

MEMBER'S INSTRUCTIONS TO COMPANY/EMPLOYER CURRENTLY HOLDING FUNDS

Name of Company/Employer: _____

Address of Company/Employer: _____

Member Account # (if applicable) _____

I, _____, request that the funds to which I am entitled, (detailed below),
in the _____ be transferred to **Guardian Retirement Scheme (GRS)**.
(Name of Superannuation Fund/Approved Retirement Scheme)

ENTITLEMENT {Please tick the relevant box(es)}

- My total accumulated contributions plus interest
 - My employer's contribution plus interest
 - My full/partial basic contribution plus interest, (if partial, specify value) \$ _____
 - My full/partial voluntary contribution, plus interest, (if partial, specify value) \$ _____
 - My full/partial value from surplus, (if partial, specify value) \$ _____
- Total Sum being Transferred \$ _____

AUTHORIZATION, DECLARATION AND CONSENT

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 Member _____ Date _____

Signature of Witness _____ Date _____

FOR INTERNAL USE ONLY

NAME AND ADDRESS OF COMPANY RECEIVING FUNDS

Guardian Life Limited
12 Trafalgar Road
Kingston 5

Name of Member _____ ¹GRS Account # _____

Authorised Signature _____ Date _____

(Pension Administration Supervisor/ Manager)

Index by: GRS Account Number, TRN, Name

GUARDIANLIFELIMITED

12 Trafalgar Road, Kingston 5, Jamaica
Telephone: (876) 978-8815 Facsimile: (876) 978-4664 Email: guardian@ghl.com.jm
www.guardianlife.com.jm