

APPLICATION FORM

GUARDIAN RETIREMENT SCHEME

PLEASE USE BLOCK LETTERS WHEN COMPLETING THIS FORM

EB 165

Section A MEMBER DETAILS

³Name: Mr. Mrs. Miss Dr. _____

First Middle Last Maiden

Marital Status: Single Married Divorced Widowed Separated Sex: F M Date of Birth: DD _____ MM _____ YY _____

Occupation: _____ Nature of Business _____

Name of Employer: _____ Address: _____

Source of Funds: _____

Annual Income / Emoluments: _____ Home Address: _____

Mailing Address: _____ E-mail Address: _____
(Proof of address to be attached)

Telephone No: (H) _____ (W) _____ (Mobile) _____

Passport #: _____ Driver's Licence #: _____ Electoral Registration ID/National ID #: _____
(A valid copy of any of the above must be attached)

Expiry Date: DD _____ MM _____ YY _____ ¹GRS Account #: _____ ²TRN: _____ NIS#: _____

Nationality: _____ Place of Birth: _____ Preferred method of correspondence: E-mail Postal mail Text message

Next of Kin: _____ Address of Next of Kin: _____

Relationship _____ Tel. No.(s): _____

*Name of Referee: 1) _____ 2) _____

*Referee must be from one of the approved categories specified.

Address of Referee: 1) _____ 2) _____

Tel. No.(s) of Referee: 1) _____ 2) _____

Section B CONTRIBUTION DETAILS

Are you an active member of an Approved Retirement Scheme? YES NO
If yes, you will only be able to participate in Guardian Retirement Scheme (GRS) if you transfer your accumulated value to us.

Are you an active member of an Approved Superannuation Fund? YES NO
If yes, you will only be able to participate in Guardian Retirement Scheme (GRS) if you have terminated your service with your employer and transfer your accumulated value to us.

Annual Contribution: (Maximum Allowable 20% of Income) (%) _____ Regular Amount: \$ _____ Ad hoc Amount (if any): \$ _____
(Will be a part of the 20% of Allowable Income)

Mode of payment: Annual Semi-Annual Quarterly Monthly

Method of Payment: PAP Salary Deduction Counter Standing Order Internet 12 Cheques Other _____

Initial/First contribution: Cash Cheque (Cheque #) _____ Bank: _____ Other: _____

Employer's Contribution (if any) Yes No If YES, Amount \$ _____ Annual Semi-Annual Quarterly Monthly

Transfer Value: Yes No If YES, complete table below.

Approved Superannuation Fund/Retirement Scheme (from which Funds are being transferred)	Value (\$)

Risk Profile: Risk Averse Conservative Moderate Aggressive

The percentage allocation in this table may be used as a guide.

Risk Profile	GRS DAF	GRS DF	GRS MMF	GRS FIF	GRS FCF	GRS EF	GRS IEF
Risk Averse	50%		50%				
Conservative	50%		25%	25%			
Moderate		25%	40%	30%	5%		
Aggressive		20%	20%	20%	5%	30%	5%

Investment Approach: Default Selection (based on Risk Profile) Member Selection (below)

- The maximum allocation for investing in the GRS FCF is 5%.
- If no investment mix is selected, the default investment mix will be 100% in the GRS DAF.

Initial Allocation:

Contribution	1. % GRS DAF	2. % GRS DF	3. % GRS MMF	4. % GRS FIF	5. % GRS FCF	6. % GRS EF	7. % GRS IEF
Transfer Value/Ad hoc							
Regular Contribution							

1. GRS Deposit Administration Fund (GRS DAF) 2. GRS Diversified Fund (GRS DF) 3. GRS Money Market Fund (GRS MMF) 4. GRS Fixed Income Fund (GRS FIF)
5. GRS Foreign Currency Fund (GRS FCF) 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
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.

Signature of Contributor: _____ Date: _____

Name of Witness: _____

Signature of Witness: _____ Date: _____

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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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