



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 \$

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

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www.guardianlife.com.jm