



Individual Retirement Scheme Application Form

ACCOUNT INFORMATION

Primary Name: Mr. Miss Mrs. _____
First Middle Surname

DOB: _____ Gender: Male Female Marital Status: Married Single Divorced Widowed
DD/MM/YY

NIS #: _____ TRN #: _____ Nationality: _____

GENERAL INFORMATION

Primary Address: _____

Mailing Address (if different from above): _____ Source of Funds: _____

Telephone (Home): _____ (Work): _____ (Cell): _____ Email: _____

Identification Type: _____ Identification #: _____ Expiry date of ID: _____

EMPLOYMENT DETAILS

Employer: _____ Employer Address: _____

Telephone #: _____ (Fax): _____ (Email): _____ Date of Employment: _____

Occupation or Nature of Business: _____ Gross Annual Income or Emoluments: _____

Are you an active member of a superannuation fund or pension scheme? Yes No (If yes, you may only qualify to become a member of our IRS upon termination of membership in your current scheme)

Transfer from (Superannuation Fund or Scheme Name & Address): _____

_____ Transfer Value: _____

FUND SELECTION

Fund: Conservative: _____ Aggressive: _____ Moderate: _____

Proposed Contribution: (\$) _____ (or %) _____ Payment method: Salary Deduction Direct Deposit

Contribution frequency: Annual Semi-Annual Quarterly Monthly Weekly

(Please note that Members maximum contribution is 20% of annual income.)

KINGSTON
15 St. Lucia Way, Kingston 5
Tel: 926-2681 Fax: 929-8432

MANDEVILLE
Shop 2A Manchester Shopping Centre
Tel: 625-0031 Fax: 625-3660

MORTEGO BAY
Shop S301 Baywest Shopping Centre
Tel: 940-7201 Fax: 952-7306



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BENEFICIARY INFORMATION

Name: _____ DOB: _____ TRN#: _____
First Middle Surname DD/MM/YY

Relationship to Applicant: _____ Address: _____ Tel#: _____

Share: _____ % Trustee (if applicable): _____ Relationship of Trustee to applicant: _____

Secondary Beneficiaries

(1)

Name: _____ DOB: _____ TRN#: _____
First Middle Surname DD/MM/YY

Relationship to Applicant: _____ Address: _____ Tel#: _____

Share: _____ % Trustee (if applicable): _____ Relationship of Trustee to applicant: _____

(2)

Name: _____ DOB: _____ TRN#: _____
First Middle Surname DD/MM/YY

Relationship to Applicant: _____ Address: _____ Tel#: _____

Share: _____ % Trustee (if applicable): _____ Relationship of Trustee to applicant: _____

I hereby apply for membership in the Barita Individual Retirement Scheme and certify that the information contained within is accurate and complete. I agree to abide by the terms and conditions set out in the Scheme's Trust deed and understand that failure to disclose pertinent information may affect future benefits.

I further declare that I am not an active member of another superannuation or pension fund and that the Trustees of the retirement scheme will be notified in writing if there is any change in my status.

Date: _____

Signature of Applicant: _____ Barita Representative: _____

THIS SECTION FOR BARITA OFFICE USE ONLY

Date of Termination: _____ Date Retired: _____

Option Selected: Annuity Deferred Pension Transfer Amount of Pension: _____ Commutation Amount: _____

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