



INDIVIDUAL RETIREMENT SCHEME

PENSION ENROLLMENT FORM

PLEASE USE BLOCK LETTERS WHEN COMPLETING THIS FORM. KINDLY COMPLETE ALL SECTIONS.

| SECTION 1: PERSONAL INFORMATION | | | |
|---|---|---|--|
| Mr. <input type="checkbox"/> | Mrs. <input type="checkbox"/> | Miss <input type="checkbox"/> | Expected Retirement Age: |
| LAST NAME | | FIRST NAME | MIDDLE NAME |
| MARITAL STATUS | Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed <input type="checkbox"/> | | Sex or Gender Male <input type="checkbox"/> Female <input type="checkbox"/> |
| TRN | NIS NUMBER | | |
| NATIONALITY: | Place of Birth: | DATE OF BIRTH (dd/mm/yyyy) | -----/-----/----- |
| RESIDENTIAL ADDRESS | | | |
| MAILING ADDRESS <i>(If different from Residential address):</i> | | | |
| EMAIL ADDRESS: | Tel No :Mobile | Tel No :Work | Tel No :Home |
| IDENTIFICATION INFORMATION (Current & Valid copy of one of the following must be attached) | | | |
| Passport <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Elector Registration ID. <input type="checkbox"/> | | | |
| ID Number: | ID issue date | ID expiry date | ID place of issue: |
| EMPLOYMENT INFORMATION | | | |
| Employment Status: | | EMPLOYER/COMPANY OR BUSINESS NAME (self employed) | |
| Employed <input type="checkbox"/> | | | |
| Self Employed <input type="checkbox"/> | | | |
| ADDRESS | | | |
| WEBSITE ADDRESS: (company) | GCT Number (self employed only) | Tel. No. Company | Fax No. Company |
| Occupation: | Industry: | | |

BENEFICIARIES

| | | | | | |
|--|---|--|--------------|-------------|----------|
| LAST NAME | | FIRST NAME | | MIDDLE NAME | |
| RESIDENTIAL ADDRESS | | | | | TEL. No. |
| DATE OF BIRTH (dd/mm/yyyy) | TRN | Sex or Gender Male <input type="checkbox"/> Female <input type="checkbox"/> | RELATIONSHIP | SHARE % | |
| Minor | NO <input type="checkbox"/> YES <input type="checkbox"/> ; If yes, please name a Trustee below: | | | | |
| As my named beneficiary is a minor I hereby appoint a Trustee: | TRUSTEE: NAME: ADDRESS : | | | TEL No: | |

| | | | | | |
|--|---|--|--------------|-------------|----------|
| LAST NAME | | FIRST NAME | | MIDDLE NAME | |
| RESIDENTIAL ADDRESS | | | | | TEL. No. |
| DATE OF BIRTH (dd/mm/yyyy) -----/-----/----- | TRN | Sex or Gender Male <input type="checkbox"/> Female <input type="checkbox"/> | RELATIONSHIP | SHARE % | |
| Minor | NO <input type="checkbox"/> YES <input type="checkbox"/> ; If yes, please name a Trustee below: | | | | |
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| | | | | | |
|--|---|--|--------------|-------------|----------|
| LAST NAME | | FIRST NAME | | MIDDLE NAME | |
| RESIDENTIAL ADDRESS | | | | | TEL. No. |
| DATE OF BIRTH (dd/mm/yyyy) -----/-----/----- | TRN | Sex or Gender Male <input type="checkbox"/> Female <input type="checkbox"/> | RELATIONSHIP | SHARE % | |
| Minor | NO <input type="checkbox"/> YES <input type="checkbox"/> ; If yes, please name a Trustee below: | | | | |
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| | | | | | |
|--|---|--|--------------|-------------|----------|
| LAST NAME | | FIRST NAME | | MIDDLE NAME | |
| RESIDENTIAL ADDRESS | | | | | TEL. No. |
| DATE OF BIRTH (dd/mm/yyyy) -----/-----/----- | TRN | Sex or Gender Male <input type="checkbox"/> Female <input type="checkbox"/> | RELATIONSHIP | SHARE % | |
| Minor | NO <input type="checkbox"/> YES <input type="checkbox"/> ; If yes, please name a Trustee below: | | | | |
| As my named beneficiary is a minor I hereby appoint a Trustee: | TRUSTEE: NAME: ADDRESS : | | | TEL No: | |

SOURCE OF FUNDS

PROOF OF INCOME (One of the following must be attached)

Last Audited Financial Statement (self employed) Statement of Affairs (self employed)
 Pay Slips three(3) most recent (employed) Letter of Employment (employed)

TRANSFERS

**NAME OF SCHEME
 TRANSFERING FROM:**

| | | |
|-------------------|-------------------|----------------------|
| EMPLOYEE VALUE:\$ | EMPLOYER VALUE:\$ | TOTAL TRANSFERRED:\$ |
|-------------------|-------------------|----------------------|

FUND MIX: (Please indicate investment Strategy after considering risk appetite. If you do not choose a fund mix, your contributions will be placed in the Fixed Income Fund our most conservative fund until you advise otherwise in writing.)

(changes to fund mix can be done once per quarter by signing a Change Form)

RISK PROFILE: Risk Averse Conservative Moderately Aggressive Aggressive

| | | | |
|---|----------|---------|---------|
| FOREX%: (no more than 5% of contributions –subject to availability) | EQUITY%: | FIXED%: | MIXED%: |
|---|----------|---------|---------|

ANNUAL CONTRIBUTION (Minimum is 5% and maximum is 20% of annual remuneration)

| | | |
|---------------------------|---------------------------|---------------------------|
| ANNUAL GROSS RENUMERATION | EMPLOYER CONTRIBUTION (%) | EMPLOYEE CONTRIBUTION (%) |
|---------------------------|---------------------------|---------------------------|

Frequency of Payment: Weekly Fortnightly Monthly Annually

Method of Payment: Salary Deduction Standing Order JN A/C

FUND MIX: (Please indicate investment Strategy after considering risk appetite. If you do not choose a fund mix your contributions will be placed in the Fixed Income Fund our most conservative fund until you advise otherwise in writing.)

(changes to fund mix can be done once per quarter by signing a Change Form)

RISK PROFILE: Risk Averse Conservative Moderately Aggressive Aggressive

| | | | |
|---------|----------|---------|---------|
| FOREX%: | EQUITY%: | FIXED%: | MIXED%: |
|---------|----------|---------|---------|

DEED OF ADHERENCE

This deed is supplemental to the Master Trust Deed made on the twenty third day of June 2009 establishing the Jamaica National Individual Retirement Scheme and for the above named member to participate in the Scheme.

This deed witnesseth that the Member hereby agrees with the Trustees for the time being and from time to time of the Scheme that he/she will from time to time and at all times on and from the Effective Date specified in the enrolment form hereto until the determination of the trusts of the Scheme or the date on which he/she ceases to participate in the Scheme (whichever shall first occur) adhere to and observe and perform such of the provisions of the Scheme as are applicable to him as a participating Member .

JN BANK LIMITED

1. I hereby certify that the information in this Form is complete and accurate to the best of my knowledge.
2. I hereby declare that I am not now an active member of an approved superannuation fund or an approved individual retirement scheme and if that should change I will provide notification to the Trustees of the JN Individual Retirement Scheme, in writing of such change.
3. I am eligible to be a Member of the Scheme as I am a Jamaican resident between the ages of 18 and 65 based on my age on my last birthday and I fulfill all the other requirements of membership as disclosed by me.
4. I understand that my rights and benefits under the Scheme are contained in the Master Trust Deed and Rules and I agree to be bound by the terms and conditions of the Master Trust Deed and Rules and any subsequent amendments made thereto from time to time.
5. I agree to pay regular contributions to the scheme at least once per annum and that my contributions shall be at least 5% of my annual gross income.
6. I agree to pay the management fee, and to pay from my account any fee chargeable as a result of my instructions to transfer or switch all or any portion of my member's account value. These fees are subject to change from time to time and I agree that JN Bank has the sole discretion to change such fees without prior notice of the change being given to me.
7. I understand that any investment made under the term of this agreement is subject to Investment Risk including but not limited to the possible loss of Principal Invested. I further acknowledge that my funds invested in the pooled funds including principal value and investment returns will fluctuate so that my units when redeemed may be more or less than the original cost.

I certify that the above information is correct and I understand that any misrepresentation or failure to disclose any relevant information may invalidate my membership in the scheme or affect my future benefits. I agree to all the terms and conditions of the JN Individual Retirement Scheme and understand that by signing this document I agree to abide by the Rules of the Schemes' Supplemental Trust Deed and Rules in accordance with the Deed of Adherence set out above.

| | | |
|-------------------|--|-------|
| Signature Member: | | Date: |
| Witness Name: | | |
| Signature: | | Date: |

FOR OFFICIAL USE ONLY

Fund Mix: Default Selection Member Selection

| | | |
|-----------|----------------------------------|---------------------|
| Location: | Full name of Authorized Officer: | Signature and Date: |
|-----------|----------------------------------|---------------------|

Confirmation by Pension Administrator

| | | | |
|------------------|---|--|------------------------------|
| ENROLLMENT DATE: | ACCOUNT NUMBER | APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> | If Rejected, the reason: |
| Contract Status | Payment Received | Total Amount Received: | Date first payment received: |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Name: | Signature: | Date: | |
| Signature: | | Date: | |