PERSONAL PENSION FORM
APPLICATION & AGREEMENT

Section A. PERSONAL INFORMATION

Full Name: ○ Mr. ○ Mrs. ○ Ms. _____ / _____ / _____
FIRST MIDDLE LAST

Gender: ○ M ○ F Marital Status: ○ Single ○ Married ○ Common-Law ○ Widowed ○ Separated ○ Divorced

Date of Birth (DD/MM/YYYY): _____ / _____ / _____ TRN: _____ NIS #: _____

Home/ Permanent Address: _____ Place of Birth: _____

_____ Nationality: _____

Mailing Address: _____ E-mail: _____

_____ Tel: (H) _____ (C) _____

ID Type: ○ Driver's License ○ National ID ○ Passport Date of Joining Scheme (DD/MM/YYYY): _____ /_____ /_____

ID No.: _____ Expiry Date: ____ /____ /_____ Target Age of Retirement: _____
DD MM YYYY

Section B. EMPLOYMENT DETAILS

Employment Status: ○ Employed ○ Self-Employed Occupation: _____

Employer / Company or Business Name (Self Employed): _____

Employer / Company or Business Address: _____

Employer's Tel.: _____ Annual Salary / Income: $ _____

Source of Funds: ☐ Salary ☐ Income ☐ Pension Transfer

Proof of Income **(One of the following must be attached):**

☐ Job Letter (Employed)
☐ Three (3) most recent Payslips (Employed)
☐ Three (3) most recent bank statements (Self-Employed)
☐ Self-Employed/Unemployment Verification Form (Self-Employed)

Section C. CONTRIBUTIONS

Annual Contribution (Maximum Allowable 20% of Gross Annual Income): **%** _____ Regular Amount **$** _____

Frequency of Contributions: ○ Monthly ○ Quarterly ○ Semi-Annually ○ Annually

Section D. POLITICALLY EXPOSED PERSONS (PEP) OR PUBLIC FIGURES

I. Do you or any immediate family or close associates, currently serves 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 any other foreign country government? ○ Yes ○ No

II. Do you, any immediate family or close associates, currently serves or previously served in the capacity of an assistant commissioner or higher of the police force or a senior executive of a state-owned company of your country of residency or a foreign government? ○ Yes ○ No

If you have ticked ***"YES"*** to any of the above, please state the capacity & entity _____

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CHARGES

I agree to pay annual management and administration charges of 1% of the value of the Member's Account. These charges are subject to change from time to time by BPM Financial Limited.

DISCLOSURES AND DECLARATIONS

I hereby apply for membership in the BPM Personal Pension (the "Scheme") and I agree to abide by the rules, conditions and provisions of the Scheme in force from time to time. I solemnly declare and disclose that:

1. The information provided in this Application is true to the best of my knowledge, information and belief.
2. The acceptance of this Application Form shall constitute my contract with BPM Financial Limited ("BPM") and I agree to be bound by the rules, conditions and provisions herein. No clause, provision or condition of this Application may be revised or modified except in writing by BPM.
3. 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.
4. I am eligible to be a Member of the Scheme as I am a Jamaican resident between the ages of 18 years and 65 years based on the age at my last birthday and I fulfil one of the following criteria:

a) I am self-employed or am employed in a non-pensionable post and do not otherwise contribute to an Approved Fund or another Approved Scheme; or

b) I have terminated my employment and wish to transfer my pension benefit from an Approved Fund to this Approved Scheme; or

c) I wish to transfer my pension benefits from another approved retirement scheme to this Scheme

d) I am otherwise eligible for membership under the Scheme in accordance with the Income Tax Act and the Pensions Act; If I cease to be eligible for Membership in the Scheme, I shall inform BPM in writing immediately.

5. I agree to pay the charges including the annual management and administration charges monthly. The fees are subject to change from time to time and I agree that BPM has the sole discretion to vary the charges under this Scheme from time to time.
6. I agree to contribute on a regular basis or at least once per annum to the Scheme. I shall contribute no less than the minimum contribution which shall be determined by BPM from time to time.
7. The maximum allowable contribution made by me or on my behalf in any given Scheme Year is 20% of my annual chargeable income, if self-employed, or 20% of the annual emoluments, if employed (inclusive of the employer's contributions if any) and I declare that the contributions which shall be made to the Scheme by me or on my behalf shall not exceed the maximum permitted by law.
8. I understand that subject to any statutory enactments which may vary this position, refunds of contributions are not permitted.
9. BPM may terminate this contract with immediate effect if:

   a) I cease to be eligible for membership in the Scheme;

   (b) I fail to make further contributions to the Scheme after the expiration of the notice from BPM informing me that the value in my Members account has fallen below the minimum prescribed from time to time;

   (c) There is a material misrepresentation, any evasion, any fraudulent or any untrue statement contained in the Scheme.

10. I have received and reviewed the Application Form, Information Folder and Beneficiary Designation Form and understand the contents therein.
11. I understand that BPM may in its absolute discretion decline my application and shall not be required to give me a reason for refusing such application.

Applicant's Signature **Witness's Signature** **Date**

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PERSONAL PENSION FORM
BENEFICIARY DESIGNATION

I, _____ of _____ hereby nominate the persons below as my designated beneficiary(ies) to receive a benefit payable under BPM Personal Pension (the "Scheme") on my death. My benefit under the Scheme shall be allocated in the proportions indicated below.

1	**BENEFICIARY:**	**GENDER**	**D.O.B** (DD/MM\YYYY)	**RELATIONSHIP**	**TRN**	**NATIONALITY**
	ADDRESS			**TELEPHONE NO.**	**E-MAIL ADDRESS**	**SHARE PERCENTAGE %**
	TRUSTEE:	**GENDER**	**D.O.B** (DD/MM\YYYY)	**RELATIONSHIP**	**TRN**	**NATIONALITY**
	ADDRESS			**TELEPHONE NO.**	**E-MAIL ADDRESS**	

2	**BENEFICIARY:**	**GENDER**	**D.O.B** (DD/MM\YYYY)	**RELATIONSHIP**	**TRN**	**NATIONALITY**
	ADDRESS			**TELEPHONE NO.**	**E-MAIL ADDRESS**	**SHARE PERCENTAGE %**
	TRUSTEE:	**GENDER**	**D.O.B** (DD/MM\YYYY)	**RELATIONSHIP**	**TRN**	**NATIONALITY**
	ADDRESS			**TELEPHONE NO.**	**E-MAIL ADDRESS**	

3	**BENEFICIARY:**	**GENDER**	**D.O.B** (DD/MM\YYYY)	**RELATIONSHIP**	**TRN**	**NATIONALITY**
	ADDRESS			**TELEPHONE NO.**	**E-MAIL ADDRESS**	**SHARE PERCENTAGE %**
	TRUSTEE:	**GENDER**	**D.O.B** (DD/MM\YYYY)	**RELATIONSHIP**	**TRN**	**NATIONALITY**
	ADDRESS			**TELEPHONE NO.**	**E-MAIL ADDRESS**	

Please read notes overleaf before signing the form.

Applicant's Signature **Witness's Signature** **Date**

Approved and accepted by BPM Financial Ltd: …….. **(Sign & Date)**

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PERSONAL PENSION FORM
BENEFICIARY DESIGNATION

REQUIREMENTS FOR REGISTRATION
☐ **Valid Photo ID (** National ID / Drivers Licence / Passport **)**
☐ **Tax Registration Number (TRN)**
☐ **Proof of Address (** Utility Bill / Bank Statement / Recent mail with the post office stamp affixed (no more than 3 months old **)**

Please read notes below:

1. The term "***Beneficiary***" describes any person who is entitled or prospectively entitled to receive benefits under the Scheme.

2. In Jamaica nominations are legally binding. Consequently, your Nominated Beneficiary is entitled to retain any amounts paid to him for his own use and benefit. Your nominations would override any alternative provisions which you may have made under your last will and testament or claims by your statutory next of kin if you die intestate, i.e. without making a will.

3. You may change your Beneficiary at any time by completing a form issued by BPM Financial Limited (BPM) for the purpose of changing your Beneficiary. Changes in Beneficiary shall take effect on the date the notice of change is received by BPM.

4. Benefit payment(s) to any named Beneficiary under the Scheme shall be in accordance with the designation in force at the date of your death and shall be made upon receipt of proof of your death and such other information required by BPM.

5. You may designate more than one person as your Beneficiary. You shall state the share that each Beneficiary is entitled to receive. If no share is stated then all Designated Beneficiaries shall share the benefit equally.

6. In the event that a Beneficiary is a minor, you shall authorize persons to act as Trustees to receive the benefit on behalf of such minor and to hold same for the benefit of such minor.

7. If a Designated Beneficiary dies in your lifetime, you will be entitled to nominate a new Beneficiary in place of the deceased Beneficiary. Failing such a nomination, the surviving Beneficiaries, if any, shall take in equal share, the share to which the deceased Beneficiary would have been entitled to receive had he survived you. If there is only one surviving Beneficiary he shall be entitled to receive the whole amount.

8. If no nomination is made or if no Designated Beneficiary survives you, all payments shall be made to your legal personal representatives.

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