



OVERSEAS PRESCRIBED RETIREMENT PRODUCT TRANSFER REQUEST FORM

1 Name of Applicant

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1a. Name of Prescribed Retirement Product

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2 Type

3 Transfer Date

| | |
|---|---------------------|
| <input type="checkbox"/> Life Income <input type="checkbox"/> Locked-in <input type="checkbox"/> Other (specify) _____ | _____ (dd/mm/yy) |
|---|---------------------|

4 Overseas Provider - Name and Mailing Address

| | | | | | |
|------------------|-------------|--|------------|-------------|--|
| Contact | | | | | |
| Title | | | | | |
| Company Name | | | | | |
| Address | | | | | |
| City | | | | | |
| Country | | | | | |
| Postal/Zip Code | | | | | |
| Telephone | (Area Code) | | Fax | (Area Code) | |

5 Relinquishing Bermuda Institution - Name and Address

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|--|--------------------|
| Name: Bermuda Life Insurance Company Limited | |
| Address: P.O. Box HM 1064 | |
| City: Hamilton | Postal Code: HM EX |

6 Participant Information

| | | |
|--|-------------------------------|-------------------------------|
| Indicate whether male or female | M <input type="checkbox"/> | F <input type="checkbox"/> |
| Date of Birth: _____ | | |
| <u>Nationality</u> | | |
| Are you Bermudian? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If no, what is your Nationality _____ | | |
| Are you or have you ever been the Spouse of a Bermudian? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Date Applicant left Bermuda _____ | | |

7 Other Information

| | |
|---------------------------|---|
| Amount transferred: | BD\$ _____ |
| Jurisdiction of Provider: | _____ |
| Type of Provider: | <input type="checkbox"/> Bank <input type="checkbox"/> Insurance Co. <input type="checkbox"/> Trust Co. <input type="checkbox"/> Other (specify) _____ |

Completed by:

Date:

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