



APPLICATION FORM

GUARDIAN RETIREMENT SCHEME

PLEASE USE BLOCK LETTERS WHEN COMPLETING THIS FORM AND WRITE LEGIBLY

Section A MEMBER DETAIL

Name: Mr. Mrs. Miss Dr. _____
First Middle Last Maiden

Marital Status: Single Married Divorced Widowed Separated Sex: F M Date of Birth: DD _____ MM _____ YY _____

Occupation: _____ Annual Income / Emoluments: _____

Name of Employer: _____ Address: _____

Home Address: _____

Mailing Address: _____
(If different from above)

E-mail Address: _____

Telephone No: (H) _____ (W) _____ (Mobile) _____

Passport # : _____ Driver's License # : _____ Electoral Registration ID/National ID # : _____
(A valid copy of any of the above must be attached)

Expiry Date: DD _____ MM _____ YY _____ TRN: _____ NIS# : _____

Section B CONTRIBUTION DETAILS

Are you an active member of an Approved Retirement Scheme? YES NO
If yes, you will only be able to participate in Guardian Retirement Scheme (GRS) if you transfer your accumulated value to us.

Are you an active member of an Approved Superannuation Fund? YES NO
If yes, you will only be able to participate in Guardian Retirement Scheme (GRS) if you have terminated your service with your employer and transfer your accumulated value to us.

Annual Contribution: *(Maximum Allowable 20% of Income)* (%) _____ Regular Amount:: \$ _____ Adhoc Amount (if any): \$ _____
(Will be a part of the 20% of Allowable Income)

Mode of payment: Annual Semi-Annual Quarterly Monthly

Method of Payment:: PAP Salary Deduction Counter Standing Order Internet Payment 12 Cheques Other

Initial / First contribution: Cash Cheque (Cheque #) _____ Bank: _____ Other: _____

Employer's Contribution (if any) Yes No If YES, Amount \$ _____ Annual Semi-Annual Quarterly Monthly

Transfer Value: Yes No If YES, complete table below

Approved Superannuation Fund / Retirement Scheme (from which Funds are being transferred)	Value (\$)

Risk Profile: Risk Averse Conservative Moderate Aggressive

The percentage allocation in this table may be used as a guide.

Risk Profile	GRS DAF	GRS DF	GRS MMF	GRS FIF	GRS FCF	GRS EF	GRS IEF
Risk Averse	50%		50%				
Conservative	50%		25%	25%			
Moderate		25%	40%	30%	5%		
Aggressive		20%	20%	20%	5%	30%	5%

Investment Approach: Default Selection (based on Risk Profile) Member Selection (below)

Initial Allocation:

Contribution	% GRS DAF	% GRS DF	% GRS MMF	% GRS FIF	% GRS FCF	% GRS EF	% GRS IEF
Transfer Value / Adhoc							
Regular Contribution							

1. GRS Deposit Administration Fund (GRS DAF)

4. GRS Fixed Income Fund (GRS FIF)

7. GRS International Equity Fund (GRS IEF)

2. GRS Diversified Fund (GRS DF)

5. GRS Foreign Currency Fund (GRS FCF)

3. GRS Money Market Fund (GRS MMF)

6. GRS Equity Fund (GRS EF)

Section C BENEFICIARY DESIGNATION

(A trustee must be appointed for beneficiaries under 18 years of age)

	Name of Beneficiary	Sex	D.O.B.	Relation-ship	Address	TRN	Telephone #	% Split
1								
2								
3								
4								

	Name of Trustee	D.O.B.	Address	Telephone #
1				
2				
3				
4				

Section D DECLARATION

I hereby apply for membership in Guardian Retirement Scheme and declare that to the best of my knowledge the information given and the statements made in this application are complete and true. I also understand that failure to disclose important and material information may invalidate my membership in the Scheme or affect future benefits. I have received and reviewed the terms and conditions outlined in the GUARDIAN RETIREMENT SCHEME Information Folder. I am aware that investment returns and principal value under GRS Investment Funds may fluctuate so that my units, when realized, may be more or less than their initial value.

Signature of Contributor: _____ Date: _____

Signature of Witness: _____ Date: _____

MARKSMAN CLAUSE (To be completed when a party is unable to read or write by reason of illiteracy, illness or blindness)

Signed by: _____ *(insert contributor's name)*

Mark of the Contributor: _____

After the same was read over and explained to him/her and who expressed himself/herself as understanding the nature and effects of the contents.

Signature of Witness: _____ Date: _____
(To be witnessed by Advisor, Justice of the Peace or Notary Public)

FOR INTERNAL USE ONLY

Advisor's Name: _____	Advisor's Code No: _____	Branch: _____
GRS Account No: _____	Effective Date of Participation: _____	
Total Contribution Received: \$ _____	Date: _____	Receipt #: _____
Cashier's Signature: - _____	Signature: _____	

Pension Administration Supervisor/Manager

GUARDIAN LIFE LIMITED

12 Trafalgar Road, Kingston 5, Jamaica
Telephone: (876) 978-8815 **Facsimile:** (876) 978-4664 **Email:** guardian@ghl.com.jm
 www.guardianlife.com.jm