

Blue Marlin Retirement Plan

Application Form



Call CFAL today to discuss your financial goals
Nassau: 242.502.7010 | Freeport: 242.351.8928 or go to cfal.com for more information
investments • brokerage services • retirement planning

GENERAL INFORMATION

First Name	Middle Name	Last Name	Maiden Name	
City	State/Island	Zip Code/P.O. Box	Country	
Country of Citizenship	Country of Domicile	Nationality (ies)		
DOB (MM/DD/YYYY)	Place of Birth			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	Passport Number	Social Security # (Tax Payer ID)	
Home Phone Number	Work Phone Number	Cell Number	Email	Country of Tax Residence
Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Gross Salary: \$ _____	per: <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		
Current Employer	Occupation			
Employment Category:				
<input type="checkbox"/> Employee of a participating member Employer	<input type="checkbox"/> Voluntary Contributor (Employed by a non-participating Employer)	<input type="checkbox"/> Self-Employed		
Approximate Annual Income	Source of Income or Assets			

*** Please attach a copy of the first four pages of your passport, your National Insurance card and recent utility bill. ***

CONTRIBUTION INFORMATION

Member Contributions			
Percentage of Salary: _____	% (Minimum of 5%)	Other: _____	
Employer Contributions: _____	% (Same as Member contribution)	Other: _____	
Frequency of Contributions:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual
Transfer Amount from Prior Pension Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please Specify			
Investment Allocation:	<input type="checkbox"/> Balanced % (Balance Fund)	<input type="checkbox"/> Conservative % (Bond Fund)	<input type="checkbox"/> Set Rate % (CFAL Target Rate Fund)



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BENEFICIARY INFORMATION

***INSTRUCTIONS**

- Specify whenever the monies are to be shared between two or more persons:
 - In what proportion each is to share.
 - Whether the survivor of them is intended to receive all.
- State full name, address and family relationship (if any) for each person named.
- Keep your list of beneficiaries up-to-date, especially when any change occurs in your family. You may alter your list of beneficiaries at any time by executing a new Designation form which will cancel and supersede the present one when received by the Trustee.

 First Name Middle Name Last Name Maiden Name DOB (DD/MM/YYYY) Age

 Address No./Street City Island PO Box

 Home Phone Number Work Phone Number Cell Number Email

Gender: Male Female Relationship _____

Family Relationship (if any): _____ Benefit Proportion: _____ %

If Beneficiary dies before me, the death benefit is to be paid to: My Estate Contingent Beneficiary

 First Name Middle Name Last Name Maiden Name DOB (DD/MM/YYYY) Relationship

I, _____
 Last Name (Please Print) First Name Initial

Hereby apply for membership of the Blue Marlin Retirement Plan (the Plan).

I confirm that I am at least 18 years of age, and that I am a Bahamian Citizen, a Permanent Resident or have the unrestricted right to work and that I am eligible to participate in the Plan. Additionally, I confirm that to the best of my knowledge, my employer (if participating in the Plan) is incorporated under the laws of The Commonwealth of The Bahamas and is a resident for exchange control purposes, and is wholly owned by individuals who are citizens.

I acknowledge that this investment is designed to be a retirement Plan and my contributions to the Plan cannot be accessed until age 65 or until I provide a documented notice of my early retirement from my employer which will be reviewed by the Trustees of the Plan.

I recognize that the purpose of this Plan is to provide supplemental income during my retirement and as such all contributions are restricted and that I cannot take loans from or against any and all such contributions made to the Plan.

I acknowledge that it is my responsibility to inform Colina Financial Advisors Ltd. (CFAL) if any of the above information should change in the future and agree to furnish such particulars within 10 days of such change. Furthermore, I accept that revisions to the participant details with respect to contributions are permitted once per year and will only be applied to periods subsequent to the written notice to CFAL and must be received two weeks in advance of any change.

I accept that all terms are binding.

 Applicant Signature Date

 Witness Signature Date



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TAX WITHHOLDING CERTIFICATIONS

Please check all boxes that apply, and sign and date below.

<p>Participant</p> <input type="checkbox"/>	<p>U.S. Person: Under penalty of perjury, I certify that: (1) I am a U.S. citizen, U.S. resident alien or other U.S. person, and the Social Security Number or Taxpayer Identification Number provided in this Application is correct (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.</p>
<input type="checkbox"/>	<p>Certification Instructions: You must check this box if you cannot certify to item (2) above, meaning that you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.</p>
<input type="checkbox"/>	<p>Non-Resident Alien: I certify that I am not a U.S. citizen, U.S. resident alien, or other U.S. person for U.S. tax purposes, and I am submitting the applicable Form W-8 with this form to certify my foreign status and, if applicable, claim tax treaty benefits.</p>

DISCLOSURE OF PARTICIPANT INFORMATION

<input type="checkbox"/>	<p>CFAL, its Officers and Directors, employees and other authorized persons are obliged to furnish certain information when lawfully required to do so by any Court of competent jurisdiction within The Bahamas or under the provisions of any law of the Bahamas. Further they may disclose information relating to the identity, assets, liabilities, transactions and accounts of a customer with the express or implied consent of the customer concerned.</p>
<input type="checkbox"/>	<p>I authorize CFAL to give, divulge the account information to Bahamian and or/foreign entities if the transactions resulting from the management of the account make it necessary.</p>

Signature of Employee

Date