

General Information

First Name		Middle Name		Last Name		Maiden Name	
Street Address		City		Country		Zip Code/P.O. Box	
Country of Citizenship		Country of Domicile		Nationality/(ies)			
DOB MM/DD/YY		Place of Birth		Passport Number		NIB Number	
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status		Social Security # (Tax Payer ID)		Country of Tax Residence	
Home Phone Number		Work Phone Number		Mobile Number		Email	
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:

☐ Employee of a participating Employer
 ☐ Voluntary Contributor (Employed by a non-participating Employer)
 ☐ Self-Employed

Contribution Information

Member Contributions Percentage of Salary: % (Minimum 5%)
 Other:

Employer Contributions: % (Same as Member contribution)
 Other:

Frequency of Contributions: ☐ Monthly ☐ Semi-Annually ☐ Annually

Transfer Amount from Prior Pension Plan ☐ Yes ☐ No

Please Specify

Investment Allocation: ☐ Balanced ☐ Conservative ☐ Set Rate

% (Balance Fund) % (Bond Fund) % (CFAL Target Rate Fund)

Beneficiary Information

*Instructions

- Specify whenever the monies are to be shared between two or more persons:
 - What proportions 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 changes occur in your family. You may alter your list of beneficiaries beneficiaries at anytime by executing a new Designation form which will cancel and supersede the present one when received by the

First Name		Middle Name		Last Name		Maiden Name	
Gender :	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB MM/DD/YY		Age	Relationship	
Address (No./Street)		City		Island		P.O. Box	
Home Phone Number		Work Phone Number		Mobile Number		Email	
Family Relationship (if any):				Benefit Proportion: %			
If Beneficiary dies before me, the death benefit is to be paid to:				<input type="checkbox"/> My Estate <input type="checkbox"/> Contingent Beneficiary			
First Name		Middle Name		Last Name		Maiden Name	
DOB MM/DD/YY		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 access 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

Certifications - US Tax Withholding Certifications

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

Participant

☐

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 the 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.

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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.

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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.

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Non Applicable

I certify that none of these categories apply to me.

Common Reporting Standards Certifications Please check boxes that apply, and sign and date below.

Participant

☐

Bahamian Person

Under penalty of perjury, I certify that I am a Bahamian Citizen, a tax resident of The Bahamas only and that the National Insurance number provided in this Application is correct.

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Non-Bahamian Person

I certify that I am a non-Bahamian and a tax resident of the country (ies) as noted in this Application. I also certify that the tax identification numbers(s) (TIN) provided in this Application are correct.

If you are a Non-Bahamian Person and do not provide a TIN or its equivalent, please tick the appropriate reason below

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Reason A

The country/jurisdiction does not issue TINs to its residents.

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Reason B

Unable to obtain a TIN or equivalent number. Please explain why unable to obtain a TIN if this reason is selected.

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Reason C

No TIN is required. (Only select if the authorities of the country/jurisdiction of tax residence do not require the TIN to be disclosed).

Please explain why unable to obtain a TIN if Reason B was selected.

Disclosure of Participant information

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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.

☐

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.

Signature

Date

YEAR