

Blue Marlin Retirement Plan Application Form

Third Floor
308 East Bay Street
Nassau, The Bahamas
Tel: (242) 502-7010
Fax: (242) 393-4639



GENERAL INFORMATION

Name

Address

Date of Birth

Telephone

Country of Citizenship

Nationality Place of Birth

Country of Tax Residence Email

Sex Male Female Date of Employment Effective Date of Participation

Marital Status Married Common Law Single Widowed Divorced Separated

Employment Status Full Time Part Time Gross Salary per: Week Month Year

Occupation Employer

Employment Category

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

Self-Employed

Approximate Annual Income Source of Income or Assets

*** Please attach a copy of your passport (photo and signature pages), your National Insurance card and proof of address (utility bill/ bank statement/ voter's card) ***

CONTRIBUTION INFORMATION

Member Contributions % or \$ value contribution:
Percentage of Salary:

Employer Contributions: % or \$ value contribution:

Frequency of Contributions: Monthly Semi-Annual Annual

Transfer Amount from Prior Pension Plan: Yes No Amount if yes

Please Specify: Investment Strategy Balanced Conservative Set Rate
Allocations must add up to 100% (CFAL Balanced Fund) (CFAL Bond Fund) (CFAL Target Rate Fund)

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BENEFICIARY DESIGNATION

*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.

Name

Address

Telephone

City Email

Country Age Male Female Date of Birth

Family Relationship (if any): Benefit Proportion: %

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

Name

Relationship Date of Birth

I,

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

Applicant Signature

Witness Signature

Witness Signature

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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 US citizen, US resident alien or other US 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 with holding.

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.

Non-Resident Alien

I certify that I am not a US 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.

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.

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

Reason A

The country/jurisdiction does not issue TINs to its residents

Reason B

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

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

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.

Applicant Signature

DAY	MONTH	YEAR