

Savings Express Plan Individual Application

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



General Information

Name

Address

Email Date of Birth

Telephone

Marital Status Married Common Law Single Widowed Divorced Separated

Sex Male Female

Employment Status Full Time Part Time Self-Employed

Employee Number

Please attach copies of Passport (All Relevant Pages), National Insurance Card and Recent Bill

Contribution Information:

Member Contributions

\$25 - \$100 \$100 - \$250 \$250 - \$500 \$500 - \$1,000 \$1,000 or higher

Frequency of Contributions: Monthly Semi-Annual Annual

Transfer Amount from Prior Pension Plan: Yes No

Investment Direction

Contributions are to be invested as follows:

CFAL Money Market 100 %

Total 100%

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Please print

I	LAST	FIRST	INITIAL
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Hereby apply for membership of the Savings Express Pension Plan II(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.

I acknowledge that this investment is designed to be an automatic savings plan for my retirement although my contributions to the plan can be accessed prior to the normal retirement age of 65. I acknowledge that the plan offers a low initial contribution of \$100, with a minimum monthly contribution of, but not limited to, \$25 per month. Withdrawals will be permitted on a bi-annual basis. A residual balance equivalent to the initial contribution amount must remain in the plan.

I recognize that the purpose of this Plan is to provide supplemental income during my retirement and that although not fully restricted to withdrawals, 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. 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 Colina Financial Advisors Ltd. and must be received two weeks in advance of any change.

I accept that all terms are binding.

Applicant Signature

DAY	MONTH	YEAR

Witness Signature

DAY	MONTH	YEAR



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EMPLOYEE GENERAL INFORMATION

Country of Citizenship	<input type="text"/>	Country of Domicile	<input type="text"/>
Nationality	<input type="text"/>	Place of Birth	<input type="text"/>
Country of Tax Residence	<input type="text"/>		
Social Security/Taxpayer ID	<input type="text"/>		

Tax Withholding Certifications

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

<input type="checkbox"/>	Participant	<input type="checkbox"/>	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 withholding.
<input type="checkbox"/>		<input type="checkbox"/>	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.
<input type="checkbox"/>		<input type="checkbox"/>	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
<input type="checkbox"/>		<input type="checkbox"/>	Not Applicable	I certify that none of these categories apply to me.

Disclosure of Participant information

<input type="checkbox"/>	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.
<input type="checkbox"/>	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 of Employee

DAY	MONTH	YEAR

Savings Express Pension Plan Designation of Beneficiary

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To: Colina Financial Advisors Ltd.

I, the undersigned

(PRINT NAME IN FULL)

being a member of **The Savings Express Pension Plan**, direct that upon my death all monies to which I may be entitled from the said Plan held by you shall be paid to *

NAME	RELATIONSHIP	PERCENTAGE (%)
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<input type="text"/>		
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Should the person (s) designated above fail to survive me, then I designate the following alternate beneficiary (ies)*

If none of the beneficiaries designated above survive me, the monies to which I am entitled under the said Plan shall be disposed of according to the laws of the Commonwealth of The Bahamas.

This Designation cancels and supersedes all Designation previously made by me.

Signed

DAY	MONTH	YEAR

National Insurance Number

Witness

*INSTRUCTIONS

- Specify whenever the monies are to be shared between two or more persons:
(a) In what proportion each is to share.
(b) 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.