

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	<input type="text" value="LAST"/>	<input type="text" value="FIRST"/>	<input type="text" value="MIDDLE"/>			
Address	<input type="text" value="HOUSE NUMBER AND STREET"/>		<input type="text" value="P.O.BOX"/>			
Email	<input type="text"/>		Date of Birth <table><tr><td><input type="text" value="DAY"/></td><td><input type="text" value="MONTH"/></td><td><input type="text" value="YEAR"/></td></tr></table>	<input type="text" value="DAY"/>	<input type="text" value="MONTH"/>	<input type="text" value="YEAR"/>
<input type="text" value="DAY"/>	<input type="text" value="MONTH"/>	<input type="text" value="YEAR"/>				
Telephone	<input type="text" value="MOBILE"/>	<input type="text" value="HOME"/>	<input type="text" value="WORK"/>			
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Common Law	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> Seperated
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female				
Employment Status	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Self-Employed			
Employee Number	<input type="text"/>	<input type="text" value="PASSPORT NUMBER"/>	<input type="text" value="NIB 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%

CFAL Savings Express Wire Transfer Details:

Bank: CIBC FirstCaribbean	Bank Code: 010
Branch: Main Branch, Shirley Street	Transit/ Branch Code: 09706
Account Name: CFAL Savings Express	Account Number: 201617189
Reference: Client Name/ Account Number	

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Please print

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

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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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

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:
 - 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.