

CUSTOMER INFORMATION

NAME **TRN**

TITLE FIRST NAME MIDDLE LAST NAME

DATE OF BIRTH **GENDER** **PLACE OF BIRTH** **NATIONALITY**

DD / MM / YYYY M F

MARITAL STATUS **MAIDEN NAME (IF APPLICABLE)** **SELF-EMPLOYED**

Y N

OCCUPATION **NIS**

BUSINESS NAME **ARE YOU A MEMBER OF ANOTHER FUND OR SCHEME?** Y N

CONTACT DETAILS

EMAIL **TELEPHONE NUMBER**

TITLE HOME MOBILE

MAILING ADDRESS

HOME ADDRESS **WORK ADDRESS**

BUSINESS TELEPHONE NUMBER

REFEREES

REFEREE #1 TELEPHONE # REFEREE #2 TELEPHONE #

INVESTMENT DETAILS

ANNUAL TAXABLE INCOME **ANNUAL MEMBER CONTRIBUTION** **ANNUAL EMPLOYER CONTRIBUTION**

\$ % \$ % \$

FREQUENCY OF PAYMENT **AUTO-PAYMENT METHOD**

MONTHLY / ANNUAL / OTHER PAP SALARY DEDUCTION STANDING ORDER

RISK PROFILE: AGGRESSIVE MODERATE CONSERVATIVE

CONTRIBUTION ALLOCATION: MEMBER SPECIFIED * DEFAULT ALLOCATION

PROVEN DIVERSIFIED POOLED FUND	PROVEN MONEY MARKET POOLED FUND	PROVEN EQUITY POOLED FUND	PROVEN FIXED INCOME POOLED FUND
%	%	%	%

Note that all contributions made by or on your behalf will be invested based on the above instructions unless otherwise specified.
* A selection of the DEFAULT ALLOCATION means that your Contributions will be allocated based on your age.

TRANSFER VALUE **PENSIONABLE SERVICE** **NAME OF SUPERANNUATION FUND/RETIREMENT SCHEME**

\$

FSC REGISTRATION NUMBER **INVESTMENT MANAGER**

TRANSFER VALUE ALLOCATION: MEMBER SPECIFIED * DEFAULT ALLOCATION

PROVEN DIVERSIFIED POOLED FUND	PROVEN MONEY MARKET POOLED FUND	PROVEN EQUITY POOLED FUND	PROVEN FIXED INCOME POOLED FUND
%	%	%	%

* A selection of the DEFAULT ALLOCATION means that your Transfer Value will be allocated based on your age.

BENEFICIARY NOMINATION

If the nominated beneficiary is a minor or mentally incapable of acting on their own, appoint a TRUSTEE to act on their behalf.

BENEFICIARY NAME	DATE OF BIRTH	RELATIONSHIP	% SHARE	ADDRESS
1.	DD / MM / YYYY			Tel No.:
Trustee's Name & Contact:				
2.	DD / MM / YYYY			Tel No.:
Trustee's Name & Contact:				
3.	DD / MM / YYYY			Tel No.:
Trustee's Name & Contact:				
4.	DD / MM / YYYY			Tel No.:
Trustee's Name & Contact:				

NAME OF APPLICANT _____ NAME OF WITNESS (JP, notary public or Wealth Advisor) _____

SIGNATURE OF APPLICANT _____ SIGNATURE OF WITNESS _____ Date _____

PROVEN ROCK

ENROLMENT FORM

www.provenwealth.com

26 Belmont Road, Kingston | Unit 5B, Cobblestone Professional Centre, Mandeville | Unit 11 Fairview II Shopping Centre, Montego Bay

DECLARATION

I hereby request to be admitted as a member of the PROVEN Rock Approved Retirement Scheme and declare that:

1. The information provided in this application is true and complete to the best of my knowledge.
2. I undertake to be bound in all respects by the terms and conditions set out in the Master Trust Deed and Rules and any subsequent amendments made thereto from time to time and that failure to abide by those terms and conditions may invalidate my membership in the Scheme.
3. I am a Jamaican resident between the ages of 18 and 69 years inclusive, who (tick whichever is applicable)
 - a. is self-employed or employed in non-pensionable posts and do not otherwise contribute to an Approved Superannuation Fund or an Approved Retirement Scheme
 - b. on termination of employment wish to transfer my pension benefits from an Approved Superannuation Fund to this Scheme
 - c. wishes to transfer my total or a portion of my pension benefits from another Approved Retirement Scheme
4. If I cease to be eligible for membership in this Scheme I shall inform the Administrator in writing immediately.
5. I agree to pay from my account any fee(s) chargeable as a result of my instructions to transfer or switch all or any portion of my Member's Account Value.
6. I agree to contribute at least once per annum to the Scheme.
7. The total contributions made by me or on my behalf will not exceed 20% of my annual earnings and that any contributions from my employer will not exceed the 10% maximum allowed in any given Scheme Year, unless otherwise permitted by applicable Legislation.
8. I understand that subject to any statutory enactments, **refunds of contributions are currently not permitted from the Scheme.**
9. I acknowledge that investment returns and principal value of the Pooled Funds will fluctuate so that my units when redeemed may be worth more or less than their original cost.
10. I have reviewed this completed Enrolment Form and the Information Folder and understand the contents therein.

NAME OF APPLICANT

NAME OF WITNESS (JP, Notary Public or Wealth Advisor)

SIGNATURE OF APPLICANT

SIGNATURE OF WITNESS

Date

FOR INTERNAL USE ONLY

Advisor's Name _____

Initial Contribution Received \$ _____ Date Received _____

Proof or Age and Identity _____ Expiration Date _____

Signature _____