

MEMBER INFORMATION

NAME

TITLE	FIRST NAME	MIDDLE	LAST NAME	TRN
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DATE OF BIRTH

EMAIL

TELEPHONE NUMBER

HOME	WORK	MOBILE
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MAILING ADDRESS

TRANSFER DETAILS

NAME OF APPROVED RETIREMENT SCHEME/APPROVED SUPERANNUATION FUND

FSC REGISTRATION NUMBER

INVESTMENT MANAGER

ADMINISTRATOR

TRANSFER VALUE

INVESTMENT INSTRUCTIONS:			
MEMBER SPECIFIED <input type="checkbox"/>		* DEFAULT ALLOCATION <input type="checkbox"/>	
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 Contributions will be allocated based on your age.

Payments should be made directly to PROVEN Wealth Limited

Deliver cheques to:
**Head of Pensions Administration,
 PROVEN Wealth Limited
 26 Belmont Road
 Kingston 5**

INSTRUCTIONS FOR DIRECT DEPOSIT

[banking information will be inserted here]

NAME OF MEMBER

NAME OF WITNESS (JP notary public or Wealth Advisor)

SIGNATURE OF MEMBER

SIGNATURE OF WITNESS

DATE

FOR INTERNAL USE ONLY

Advisor's Name _____

Amount Received _____ Date Received _____

Signature _____

PROVEN
 ROCK

INCOMING TRANSFER AUTHORIZATION FORM
www.provenwealth.com

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