



BAHAMAS HOTEL AND ALLIED INDUSTRIES PENSION FUND

Workers' House, Harrold Road West
P.O. Box SS-6279, Nassau, Bahamas
Tel.: (242)322-5123
Fax.: (242)322-5133

Workers' House – West Settlers' Way
P.O. Box F-40383, Freeport, Bahamas
Tel.: (242)351-7832
Fax.: (242)351-6902

Pension Application

INSTRUCTIONS:

Please read all questions carefully and print all answers. Be sure to sign and date the application. Mail the completed application to the Fund Office with proof of age for yourself and if applicable, for your spouse with proof of the date of your marriage.

PERSONAL DATA:

1. **Name:** _____
Last First Middle
2. **Date of Birth:** ____/____/____ **Proof of Age:** Birth Certificate
Day Month Year Valid Passport
 Baptismal Certificate
 Affidavit with Photograph
 Voter's Card
3. _____
National Insurance Number Telephone Cell
4. **Address:** _____
House Number and Street Name Subdivision P.O. Box
5. _____
Place of Employment Department
6. **Date of Hire:** ____/____/____ **Last date worked:** ____/____/____
Day Month Year Day Month Year

TYPE OF PENSION REQUESTED:

7. If eligible, I want to retire with a (check one type of pension):
 - (a) **REGULAR PENSION** – for employees who have attained age 65 with at least 10 Pension Credits accumulated.
 - (b) **EARLY RETIREMENT PENSION** – for employees between the ages of 55 and 65 with at least 15 Pension Credits accumulated.



DISABILITY PENSION

8. If you are applying for a Disability Pension, you must be totally and permanently disabled and have 15 or more Pension Credits. Please complete the following and the completed Medical Release Form.

(a) Date you first became disabled _____/_____/_____
Day Month Year

(b) Nature of your disability _____

(c) Have you applied for Invalidation Benefits under the National Insurance Regulations 1974? YES NO

If yes, has your application been approved? YES NO

If it has been approved, submit it together with this application proof of Invalidation Benefit being awarded.

JOINT AND SURVIVOR PENSION

9. This option is for married Participants ***ONLY***. If you want to choose this option you must check Box B. If you have previously elected the Joint and Survivor Pension and wish to reject it prior to your retirement, you may do so by checking Box A.

A I DO NOT wish to receive my pension benefits in the form of a Joint and Survivor Pension.

B I DO wish to receive my pension benefits in the form of a Joint and Survivor Pension.

If you checked Box B:

Name of Spouse: _____

Spouse's Date of Birth: _____/_____/_____
Day Month Year (Attach proof of age.)

Date of Marriage: _____/_____/_____
Day Month Year (Attach proof of marriage.)

Date: _____/_____/_____
Day Month Year Signature _____



MY SIGNATURE BELOW SIGNIFIES THAT:

1. The foregoing statements are true to the best of my knowledge and belief.
2. I understand that a false statement may disqualify me for pension benefits.
3. If I am in receipt of an Early Retirement or Disability Pension, and I re-enter full-time employment in this industry, whether with an employer or self-employed, my pension benefits shall be suspended for any calendar month in which I am so working.
4. If Box B, Item 9 is checked, I understand that:
 - (a) The 60 Month Guarantee Certain will not apply.
 - (b) If my spouse predeceases me or we are divorced, the amount of my Joint and Survivor Pension will continue to be paid to me in the reduced amount for my lifetime.

Signature of Applicant

Date

Signature of Witness

Date