

Custodian

TO BE COMPLETED BY CORALISLE		K _ _ _ _ - _ _ _ _ _			
Employer		DIV.CODE		ERID	
Plan Name		PLANID		NOEE	

PART 1 MEMBER'S INFORMATION Please PRINT throughout.

First Name _____ Middle Initial(s) _____ Last Name _____

Gender M F Date of Birth MM/DD/YYYY Marital Status Single Married Divorced Widowed

Address: _____

Postal Code _____ Country Cayman Islands

Personal E-mail Address _____ Driver's Licence or Passport No. _____

Home Tel. No. _____ Cellular No. _____

The term "Politically Exposed Person" applies to persons who have or have had positions of public trust such as government officials, senior executives of government corporations, politicians, important political party officials etc. and their families and close associates. **Does this description apply to you?** No Yes If Yes, please explain: _____

PART 2 YOUR INVESTMENT CHOICE

Coralisle's Product, Custodian allows you to select one investment choice (A or B) for each Contribution Source (Mandatory, Rollover, Voluntary).

If your Mandatory investment choice is incomplete or inaccurate, all contributions received will be invested in the default option. Please refer to the Employee Booklet for the default option.

If your investment choice for your Rollover/ Voluntary contribution is incomplete, those contributions, once received, will be invested as indicated in your Mandatory investment option.

A. RISK PROFILE Choosing an investment strategy.

Select one Profile choice (Aggressive, Moderate or Conservative) under each Contribution Source (Mandatory, Rollover and Voluntary). The Risk Profiles are rebalanced regularly. Please refer to the Employee Booklet or www.CGCoralisle.com for fund allocations.

PROFILE	CONTRIBUTION SOURCE		
	Mandatory	Rollover	Voluntary
Aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conservative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. SELF-DIRECTED Choosing your own investment mix.

Choose a maximum of FIVE (5) options in multiples of 5%. Your choices from each Contribution Source must total 100%. Refer to your Employee Booklet or go to www.CGCoralisle.com for fund details.

ASSET CLASS	INVESTMENT MANAGER/FUND	FUND CODE	CONTRIBUTION SOURCE		
			Mandatory	Rollover	Voluntary
Global Equities (Active)	MFS Global Equity Fund	GLEQU			
Global Equities (Index)	Vanguard Global Stock Index Fund	GLEQI			
US Equities (Active)	Vanguard US Opportunities Fund	USEQU			
US Equities (Index)	Vanguard S&P500 Index Fund	USEQI			
US Small Cap Equities	Blackrock iShare Russell 2000 - ETF	USEMG			
European Equities (Active)	Fidelity European Equity Fund	EUEQU			
European Equities (Index)	Blackrock iShare MSCI EAFE Index	EUEQI			
Asian Equities	Fidelity Asia Focus Fund	SEAEQ			
Global Bonds	Morgan Stanley Global Bond Fund	GLBON			
US Bonds	MFS US Government Bond Fund	USBON			
Balanced	Fidelity Growth & Income Fund	BALAN			
Short-term Option	CGI Core Liquidity Fund	CGICL			
		TOTAL	100%	100%	100%

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PART 3 ROLLOVER ASSETS (Accumulated pension benefits from previous employer)

Please indicate if you have Rollover Assets: No Yes, from (Pension provider) _____

PART 4 YOUR BENEFICIARY DESIGNATION

List your beneficiary(ies), and the percentage of your benefit payable to each, below. If no percentage is indicated, the beneficiaries will share equally. If any beneficiary dies before you, the remaining beneficiaries will share proportionally. If you need additional space to list beneficiaries, attach an additional sheet.

- Please note that a Guardian must be designated for any Beneficiary Child under the age of 18.*
- Relationship categories are: Spouse, Child, Mother, Father, Sister, Brother, Other Relative, and No Relation.

Details	Beneficiary (A)	Beneficiary (B)	Beneficiary (C)	*Guardian (if applicable)
First Name				
Middle Initial(s)				
Last Name				
Date of Birth	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Relationship				
Address				
Tel. No.				
Email Address				
% Allocated				

PART 5 YOUR CONFIRMATION

- I certify that the information provided above is accurate and complete; and I authorise my Employer to deduct 5% of my salary as my mandatory contributions.
- I elect to pay voluntary contributions into the Plan by authorising my Employer to deduct an additional ____% of my salary, or a fixed amount of \$_____ monthly, or by making a one-time lump sum payment of \$_____.
- I understand that all my rights in the Plan are set forth in the Rules of the Plan, and agree to be bound by all the terms and conditions of the Plan.
- I acknowledge that the risks associated with my investment options have been explained to me.

Member's Signature _____ Date MM/DD/YYYY _____

You may on occasion be contacted by a company within the Coralisle Group with offers/information in respect of other Coralisle products. We confirm that only your contact details will be made available to Coralisle Group personnel for such purposes and that your private information will not be transferred between Coralisle Group companies or to any other third parties without your consent to do so. If you DO NOT wish to be contacted in this manner by Coralisle Group personnel, please check here . Note that unless you check this box, Coralisle will consider and operate on the basis that you have provided your express consent to the exchange of your contact details only between Coralisle personnel for the limited and specific purposes described above.

TO BE COMPLETED BY EMPLOYER			
Authorised by (Print Name)		Title	
Signature		Date MM-DD-YYYY	
Hire Date MM-DD-YYYY	Participation Date MM-DD-YYYY	Termination Date MM-DD-YYYY	
<input type="checkbox"/> Caymanian <input type="checkbox"/> Spouse of a Caymanian <input type="checkbox"/> Non-Caymanian - Nationality:			

British Caymanian Insurance Agencies Limited BritCay House, 236 Eastern Ave, George Town, Grand Cayman, Cayman Islands
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Pensions and Employee Benefits

INSURANCE | HEALTH | PENSIONS | LIFE

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