

DEFUNCT AIR JAMAICA PENSION FUND

REGISTRATION INFORMATION

This form is required to ensure an accurate registration of contributors and to help process your information. Please complete and drop in the box marked " TRUSTEES – DEFUNCT AIR JAMAICA PENSION FUND" available at the CIBC JAMAICA branch nearest you or mail to: - "THE TRUSTEES – DEFUNCT AIR JAMAICA PENSION FUND", C/O CIBC JAMAICA LIMITED, 23 KNUTSFORD BOULEVARD, KINGSTON 5, no later than the 20th day of July, 2001.

If this form is returned after the above date or not returned or returned incomplete it may result in delay of payment of any funds to which you may be entitled.

SECTION A: ALL ITEMS IN THIS SECTION MUST BE COMPLETED (WHERE INAPPLICABLE PLEASE STATE "N/A")

CONTRIBUTOR DETAILS

SURNAME	FIRST NAME	MIDDLE NAME	EMPLOYEE NO.	EMPLOYEE NO.

MAIDEN NAME(S)	DATE OF BIRTH	NATIONAL INSURANCE NO.	TRN/SOCIAL SECURITY NO.	INCOME TAX REF NO. (Pre TRN)
	DAY	MTH	YR	

PRESENT HOME ADDRESS STREET	CITY/STATE/PROVINCE	POSTAL/ZIP CODE	COUNTRY	HOW LONG AT THIS ADDRESS

MAIL ADDRESS (IF DIFFERENT FROM ABOVE)	TELEPHONE NO.	FAX NO.	EMAIL ADDRESS

LAST ADDRESS WHILE EMPLOYED AT AIR JAMAICA STREET	CITY/STATE/PROVINCE	POSTAL/ZIP CODE	COUNTRY

NAME OF NOMINATED BENEFICIARY

DATE OF JOINING					
DAY	MONTH	YEAR			

DATE OF TERMINATION					
DAY	MONTH	YEAR			

DATE OF JOINING					
DAY	MONTH	YEAR			

DATE OF TERMINATION					
DAY	MONTH	YEAR			

DID YOU MAKE CONTRIBUTIONS AT ANY TIME BETWEEN APRIL 1969 AND JUNE 1994 TO THE AIR JAMAICA PENSION SCHEME?	YES	NO

SECTION B: TO BE COMPLETED ONLY BY EXECUTORS / ADMINISTRATORS OF ESTATES OF DECEASED CONTRIBUTORS OR ATTORNEYS

DETAILS

SURNAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	TRN/SOCIAL SECURITY NO.
			DAY	
			MONTH	

HOME ADDRESS

DEFUNCT AIR JAMAICA PENSION FUND REGISTRATION INFORMATION

Tick the CIBC branch to which you would prefer any funds payable to be sent. If no branch is selected, any funds to which you may be entitled will be delivered to CIBC JAMAICA LIMITED, 23 Knutsford Boulevard, Kingston 5, New Kingston, St. Andrew, Jamaica W.I.

- | | |
|---|---|
| <input type="checkbox"/> 23 Knutsford Boulevard, New Kingston | <input type="checkbox"/> 6 Newport Boulevard, Newport West, Kingston 11 |
| <input type="checkbox"/> 58 Duke Street, Kingston | <input type="checkbox"/> Park Crescent, Mandeville, Manchester |
| <input type="checkbox"/> 1 King Street, Kingston | <input type="checkbox"/> 50 Main Street, May Pen, Clarendon |
| <input type="checkbox"/> 78 Half Way Tree Road, Kingston 10 | <input type="checkbox"/> 59 St James Street, Montego Bay, St James |
| <input type="checkbox"/> Manor Park Plaza, 184 Constant Spring Road, Kingston 8 | <input type="checkbox"/> 29 Main Street, Ocho Rios, St. Ann |
| <input type="checkbox"/> Twin Gates Shopping Centre, 25 1/2 Constant Spring Road, Kingston 10 | <input type="checkbox"/> West Street, Port Antonio, Portland |

The completion of this form and its delivery to CIBC JAMAICA does not constitute acknowledgment by CIBC JAMAICA or the Trustees of the Defunct Air Jamaica Pension Fund that you are entitled to participate in the surplus of the fund or that you have any entitlement whatsoever to any funds forming part of the surplus.

The above form is to be completed solely for the purposes stated herein and for delivering the above information and authorisations to CIBC JAMAICA LIMITED and it is hereby acknowledged and agreed that this form, once delivered to CIBC JAMAICA LIMITED, becomes the property of the Trustees of the Defunct Air Jamaica Pension Fund and CIBC JAMAICA LIMITED and the Trustees of the Defunct Air Jamaica Pension Fund may utilise and verify the information contained in this form in any way they may deem necessary and appropriate and in their absolute discretion.

Receipt of this form will be acknowledged.

If you have any difficulty in completing this form please contact the Trustees-Defunct Air Jamaica Pension Fund Hotline at 1-888-991-2929 between the hours of 9:00 A.M. and 5:00 P.M. Mondays to Fridays.

SECTION C: ALL PERSONS COMPLETING THIS FORM MUST SIGN AS INDICATED BELOW.

DETAILS

I HAVE READ THIS FORM IN ITS ENTIRETY AND I AGREE TO BE BOUND BY ITS TERMS

NAME	SIGNATURE	DATE

SECTION D: THIS SECTION IS TO BE SIGNED BY A JUSTICE OF THE PEACE OR NOTARY PUBLIC.

DETAILS

I, _____, HEREBY CERTIFY THAT
THE ABOVE NAMED _____, WHO IS KNOWN TO ME, SIGNED THIS FORM AT
SECTION C ABOVE ON THE DATE STATED.

SIGNATURE	DATE

PLEASE AFFIX OFFICIAL SEAL TO THIS DOCUMENT.