

F H C
PENSION GOLD
 RETIREMENT SCHEME

SUPPLEMENTAL INFORMATION FORM

MAILING ADDRESS: FHC Retirement Scheme | 20 Dominica Drive | Kingston 5 | Tel: 876-908-1502/876-906-5317 | Email: fhc.investments@fhccu.com

MEMBER IDENTIFICATION

| | | |
|-----------|-------------|------------|
| ACCOUNT#: | FIRST NAME: | LAST NAME: |
|-----------|-------------|------------|

| | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. | a) Are you a resident of the United States of America or any other country? <i>If other, please state: _____</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | b) Are you a citizen of the United States of America or any other country? <i>If other, please state: _____</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | c) Are you a Green Card holder/permanent resident in the country listed in 'a' or 'b'? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. | If you answered YES to any of the questions in 1 (above), please provide your Tax Identification Number (TIN) _____ | | |
| 3. | a) Do you hold a prominent public position, locally or in any foreign jurisdiction? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | b) Do any of your immediate family members (parents, siblings, spouse, children, in laws and close associates) hold a prominent public position, locally or in any | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. | If you answered YES to any of the questions in 3 (above), please provide the following details: | | |
| | a) Name of the individual who holds the position | _____ | |
| | b) Title of the position | _____ | |

NEXT OF KIN

| | |
|----------------|-------------------------|
| NAME: | _____ |
| ADDRESS: | _____ _____ _____ |
| CONTACT#: | _____ |
| EMAIL ADDRESS: | _____ |

SOURCE OF FUNDS

Kindly indicate the source of funds that will be used to make pension contributions on your behalf to the Scheme.

My Salary/Income
 Other-Please state _____

MEMBER DECLARATION

My signature below confirms that:

- The information presented in the above sections is, to the best of my knowledge and belief, true, correct and completed.

Member's Signature: _____

Date:

Witness Name & Signature: _____

Date:

I understand that FHC Investments Limited (FHCIL) collects and processes the personal data herein to provide financial services, manage risks and comply with legal and regulatory obligations; to communicate with me and provide customer service, and to share information about our products, services and promotional activities.

I further understand that my personal data may be shared within our corporate structure which includes First Heritage Co-operative Credit Union, its subsidiaries, associated and affiliated companies, as well as regulators and other third parties as defined in FHCIL's Privacy Notice.

Details on how FHCIL processes personal information, who it is shared with, and data subject rights can be accessed at bit.ly/41oPkiZ or by scanning the QR code.

Get in touch with any concerns or queries at DPA@fhccu.com



FHCIL Privacy Notice

Member's Name: _____

Date:

Member's Signature: _____

INTERNAL USE ONLY

Supplemental data has been successfully extracted and posted into the Scheme's database and verified:

Posted by: _____

Date:

Verified by: _____

Date: