



**PUBLIC SERVICE PENSIONS PLAN**  
**BENEFIT TRANSFER ELECTION FORM**  
**FOR DEFINED CONTRIBUTION MEMBERS**  
(For Deferred Vested Members Only)

Complete Part 1 and have an authorized individual complete Part 2 as the witness. Your selected pension provider must complete Part 3. Once all parts of this form are complete, send the form to the PSPB along with a copy of your government issued photo ID certified by the witness to: [pspb@pspb.ky](mailto:pspb@pspb.ky). If email is not available, the form and certified copy of your ID can be dropped off at a PSPB office.

**Part 1 – To be completed by the Member**

I, \_\_\_\_\_, am no longer employed with the \_\_\_\_\_ as of my resignation / termination date of \_\_\_\_\_ (Department/Portfolio/Ministry/Statutory Authority/Government Company)

\_\_\_\_\_ (day/month/year)

Member's Date of Birth: \_\_\_\_\_ Member's Phone Number: \_\_\_\_\_ (day/month/year)

Member's Email Address: \_\_\_\_\_

In accordance with Section 55 of the Public Service Pensions Law (2020 Revision), by signing below, I am electing to transfer my accrued benefit, subject to limitations as prescribed by the PSPB, to the approved registered pension plan in the Cayman Islands as indicated in Part 3 of this form.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_ (Signature as it appears on Government ID) (day/month/year)

**Part 2 – To be completed by the Witness**

Sworn before me at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

I, \_\_\_\_\_, make oath and say that I know the above individual and believe the information is a true statement to the best of my knowledge.

Signature: \_\_\_\_\_ Justice of the Peace / Notary Public / Minister of Religion / Licensed Attorney / Member of the Legislative Assembly / Chief Executive Officer, Public Service Pensions (or authorized representative)

**Part 3 – To be completed by the Private Pension Plan**

Pension Plan Name: \_\_\_\_\_

Member's Account #: \_\_\_\_\_

As an authorized signatory for the above noted private pension plan provider within the Cayman Islands, I verify the above information to be correct and that our pension plan is able to accept the transfer of funds from the PSPB and apply these to the named member's account.

Authorized Representative Name \_\_\_\_\_

Authorized Representative Job Title & Phone # \_\_\_\_\_

Authorized Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

This form is based on the Public Service Pensions Law (2020 Revision) which is located at [www.pspb.ky](http://www.pspb.ky).