



PLEASE TYPE OR WRITE IN BLOCK CAPITALS

RS ENROLMENT FORM

FORM: RSEF-042025

UCIN:

ACCOUNT NUMBER:

Title: First Name: M.I: Last Name:

Gender: Female Male Marital Status: Single Married Divorced Widowed Separated Common Law

Residential Address: Tel (H):

Mailing Address: Tel (W):

Personal Email Address: Tel (C):

Date Joined Scheme: TRN: DOB:

FUND STRATEGY & CONTRIBUTION

Select your Fund Strategy & state the % or value of contribution that you are making towards your RS.

| | | | | | |
|---------------|---|---------------------|----------|---|------------|
| Fund Strategy | <input type="checkbox"/> Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Aggressive | Gross Annual Salary | J\$..... | Contribution Rate (1-20%) or Fixed Contribution Amount (\$) | %/J\$..... |
|---------------|---|---------------------|----------|---|------------|

TRANSFER OF FUNDS

Complete if transferring benefits from another Approved Retirement Scheme or Superannuation Fund.
Note: Info may need to be requested from previous employer.

| Name of Plan | Type of Plan | FSC Registration # | Date Joined | Termination Date | Funds Transferred In |
|--------------|--|--------------------|-------------|------------------|----------------------|
| | Retirement Scheme Superannuation Fund | | | | J\$ |
| | Retirement Scheme Superannuation Fund | | | | J\$ |

MEMBER'S BENEFICIARY INFORMATION

| BENEFICIARY NAME | RELATION | DOB | % | TRN | ADDRESS | CONTACT NO. |
|------------------|----------|-----|---|-----|---------|-------------|
| | | | | | | |
| | | | | | | |
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PLEASE NOTE: The allocation total must equal to 100%. The beneficiaries listed above are deemed to be revocable beneficiaries unless otherwise stated. If any of the beneficiaries are under 18 years of age, an adult must be appointed as trustee.



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| TRUSTEE NAME | TRUSTEE FOR | ADDRESS | TRN | CONTACT NO. |
|--------------|-------------|---------|-----|-------------|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

EMPLOYMENT INFORMATION

Are you self-employed?: Yes No – If you answered “No” please complete the rest of the table below.

| | | | |
|--------------------------------------|---|--|--|
| Employer’s Name: | Employer’s Address: | | |
| Employer’s Email: | Employer’s #1: Contact Numbers: #2: | Employer’s Contribution Rate or Fixed Contribution Amount:(%/J\$) | Employee’s Contribution Rate or Fixed Contribution Amount:(%/J\$) |
| HR Representative / Payroll Officer: | | | |



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DISCLOSURES AND DECLARATIONS

I hereby apply for membership in the JMMB RS ("the Scheme") and I agree to be bound by the Trust Deed and Rules of the Scheme as amended from time to time and solemnly declare and disclose that:

1. The information provided in this Application Form is true to the best of my knowledge, information and belief. I also understand that failure on my part to disclose any information deemed material by JMMB may invalidate my membership in the Scheme and/or invalidate any future benefits which may accrue to me.
2. I am aware that JMMB does not guarantee any specific returns under the Scheme, regardless of the selected investment option (i.e. Conservative, Moderate, Aggressive).
3. I understand that my rights and benefits under the Scheme are contained in the Trust Deed and Rules of the Scheme, a copy of which is available at JMMB website www.jmmb.com and I agree to be bound by the terms and conditions of the Trust Deed and Rules and any subsequent amendments made thereto from time to time.
4. I am eligible to be a Member of the Scheme as I am a Jamaican resident between the ages of 18 and 69 based on my age at my last birthday and I fulfil one of the following criteria:
 - I. I am self-employed in a non-pensionable post and do not otherwise contribute to an Approved Superannuation Fund or another Approved Retirement Scheme; or
 - II. I have terminated my employment or changed employment and wish to transfer my pension benefit from an Approved Superannuation Fund or Approved Retirement Scheme to the Scheme; or
 - III. I am otherwise eligible for membership under the Scheme in accordance with the Income Tax Act and the Pensions (Superannuation Funds and Retirement Schemes) Act, 2004;
5. I shall inform JMMB in writing immediately if I cease to be eligible for membership in the Scheme.
6. I understand that the maximum allowable contribution made by me or on my behalf in any given Scheme Year is 20% of my annual chargeable income, if self-employed, or 20% of my annual emoluments, if employed (inclusive of the employer's contributions if any) and I declare that the annual contributions which shall be made to the Scheme by me shall not exceed the maximum permitted by law.
7. I understand that subject to any statutory enactments which may vary this position, **refunds of contributions are not permitted.**
8. I am aware that JMMB may terminate my membership with immediate effect if:
 - a. I cease to be eligible for membership in the Scheme; or
 - b. There is a material misrepresentation, or any act of evasion or fraud on my part in relation to the Scheme or any untrue statement whatsoever contained in the Application Form.
9. **JMMB Client Risk Assessment:** In order to manager your assets effectively, JMMB would like you to indicate your ability to tolerate volatility in your portfolio returns, also known as 'risk tolerance'. 'Risk tolerance' can be defined as your ability and willingness to tolerate significant upturns or downturns in the value of your portfolio with the expectation that over time you may earn greater returns on your investment. To achieve higher returns, an investor must generally accept greater volatility or risks in returns on the securities in their portfolio.
 - a. **Risk classifications of JMMB Products/Services** -The products offered by JMMB to investors are classified in the range of low risk to medium risk.
 - b. **Client's Investment Risk Tolerance** – Choose the statement that most closely reflects how you feel:



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- Conservative (low risk): It is my desire to protect my principal and minimize overall portfolio risk.
- Moderate (medium risk): Keeping portfolio risk at a moderate level while achieving higher returns are of primary importance to me.
- Aggressive (high risk): I am prepared to sustain substantial volatility or possible loss of principal in my portfolio if I am forced to liquidate some or all of my portfolio, when its value is significantly diminished. I am willing to assume this risk in the pursuit of higher than average returns.

c. **JMMB's Discretion** - I agree that JMMB will have full discretion to invest on my behalf (inclusive of overseas / offshore investments), in accordance with the JMMB RS Trust Deed and Rules and Investment Policy Statement.

10. **Delivery of Instructions** – I hereby confirm that JMMB may accept instructions from me in writing, by telephone or by electronic mail.

11. By signing this Application Form I declare that I have reviewed the Application Form and I understand the contents thereof and hereby apply to be a member of the Scheme.

.....
Member's Signature

.....
Date (dd/mm/yyyy)

.....
JMMB Representative

.....
Date (dd/mm/yyyy)