

## BAHAMAS HOTEL AND ALLIED INDUSTRIES PENSION FUND CENSUS AND EMPLOYMENT HISTORY CARD

Last Name	First Name in Full	Middle Name		
	/	/		
Job Classification	National Insurance No.	Sex	Day Month Ye Date of Bi	
	/	/		
Postal Address	Telephone	Cel	ll .	
		/		
Address: House Number and Street Name		Dis	strict	
		/		
Name of Employer		De	Department	
		/		
Length of Employment		Date Employment Commenced		
With Present Employer		Present Employer		

## **BENEFICIARY DESIGNATION** I hereby designate as my Primary Beneficiary to receive the pension benefits, if any, payable at my death under the Rules and Regulations of the Pension Plan: Name of Primary Beneficiary Address Relationship In the event that my Primary Beneficiary named above predeceases me, I hereby designate as my Secondary Beneficiary to receive the pension benefits, if any, payable at my death under the Rules and Regulations of the Pension Plan it being understood that if any Primary Beneficiary survives me, no benefit will be paid to a Secondary Beneficiary: Name of Secondary Beneficiary Address Relationship Employee's Signature Date Witness Signature Date (Not a named Beneficiary)