



MEMBERSHIP APPLICATION FORM

Complete and return form to Cook Islands National Superannuation Fund, PO Box 3076, Rarotonga, Cook Islands
 Or Email enquiry@superfund.gov.ck **Please write in blue or black pen only**

Please read the Members Information Handbook and complete this form carefully.

If you do not complete the form properly your Application will not be confirmed and/or your Investment Direction will be recorded as being a 100% allocation to the CINSF Balanced Fund.

1. Your Information

RMD Number	<input type="text"/>	CINSF Member Number	<input type="text"/>
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Date of Birth (DD/MM/YY)	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address Details	<input type="text"/>		
Phone Numbers	Home Phone <input type="text"/>	Mobile Phone	<input type="text"/>
Email Address	<input type="text"/>		
Next of Kin	<input type="text"/>	Phone	<input type="text"/>
Address Details	<input type="text"/>		
Legal Representative	<input type="text"/>		
Status (select one)	<input type="checkbox"/> Cook Islander	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Foreign Worker
Nationality	<input type="text"/>		

Please specify e.g. New Zealand, Samoa, Fiji, and Philippines. Etc.

2. Your Employment Information

Employer Type	<input type="checkbox"/> Primary Employer (main employment)	<input type="checkbox"/> Secondary Employer (second job)
Name of Employer	<input type="text"/>	
Address of Employer	Postal Box <input type="text"/>	Address <input type="text"/>
Phone Numbers	<input type="text"/>	
Occupation	<input type="text"/>	

3. Investment Accounts

All members commence with a compulsory account that 5% of your income, along with a matching 5% from your employer is paid into. You also have the choice of opening a voluntary account that you can choose to pay additional contributions into; your employer is not obligated to match the voluntary contributions you make. You have the ability to make 1 free withdrawal from your voluntary account in a calendar year. The full details of the voluntary account are explained in the Product Information Disclaimer.

Please indicate below if you wish to open a voluntary account. Contributions into the voluntary account are as a lump sum (minimum \$1,000) or as a regular payment from your income (minimum 1% of your income).

Would you like to open a Voluntary Account? Yes No

If **YES**, please arrange with your Finance Division.

4. Investment Direction for Contributions (Compulsory & Voluntary)

Please indicate how you wish your contributions to be invested in the CINSF Investment Fund(s) by writing the percentage you want invested in each selected Fund (whole percentages only – no fractions please)

CINSF Conservative Fund	<input type="text"/>	%
CINSF Balanced Fund	<input type="text"/>	%
CINSF Growth Fund	<input type="text"/>	%
Total Percentage (must add up to 100%)	100	%

5. Required Documentations

In order to open your investment account the following documentation is required to be submitted with this completed application form. Without the supporting documents your investment account cannot be opened and your contributions from your income and from your employer cannot be receipted.

Photo Identification	<input type="checkbox"/> Passport	<input type="checkbox"/> Drivers Licence
Other Identification	<input type="checkbox"/> Birth Certificate	(only if the above is not available)
RMD Letter	<input type="checkbox"/> Confirmation letter from RMD	

6. Member Declaration and Signature

I hereby

- i. Apply for admission as a member of the Fund and agree to be bound by the Cook Islands National Superannuation Act 2000 and the Trust Deed constituting the Fund; and
- ii. Acknowledge that I have been given and read a copy of the Product Information Disclaimer; and
- iii. Authorise the Board and the Trustee of the Fund to collect information from my Employer that is relevant for the purposes of administering the Fund; and
- iv. Authorise the Board and the Trustee, the Administration Manager of the Fund, any professional advisor to the Trustee and any life insurance company to disclose between themselves personal information that is relevant for the purposes of administering the Fund; and
- v. Certify that the above information is true and correct.
- vi. I direct the Trustee to invest my contribution balances as indicated on this form. I acknowledge that neither the Trustee nor the Administration Manager will be liable to me for any loss as a consequence of any such investment direction.
- vii. I understand that the capital value of my contributions / investment in the CINSF Investment Fund(s) can rise or fall depending on marketing conditions or the investment managers' investment decisions. It is therefore possible that I may receive less back than I have invested. I acknowledge that choosing my Investment Direction is solely my responsibility and neither the Board nor the Trustee is to be regarded as representing or implying that my Investment Direction is appropriate for my personal circumstances. My choice of Investment Direction is a binding direction from me to the Trustee.

Member Signature

Date

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In order for your application to be complete you must ensure that CINSF has the documentation outlined in section 5.

Once you have submitted your form immediately email your documentation to enquiry@superfund.gov.ck

CINSF Office Use Only

Checked by:			
<input type="radio"/>	Confirm member personal details are checked against Te Roro are correct.		
<input type="radio"/>	Check minimum Investment percentage rate is not less than 5%		
<input type="radio"/>	Check Investment direction totals add to 100%.		
Registered by:		Date	dd / mm /yyyy
<input type="radio"/>	Registered Member to Te Roro		
<input type="radio"/>	Scan Document to Te Roro		
<input type="radio"/>	Submit to Manager for Approval	Date	dd / mm /yyyy
<input type="radio"/>	Create a CODA File for Filing		

Manager to Sign

Date

dd / mm /yyyy

Email: enquiry@superfund.gov.ck Phone: +682 25515 PO Box 3076, Avarua Rarotonga, Cook Islands

WWW.CINSF.COM