



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 Conservative Fund.

1. Your Information

| | | | | | |
|--------------------------|---|--------------------|--------------|----------------|------------------|
| RMD Number | CINSF Member Number | | | | |
| Title | Mr | Mrs | Ms | Dr | Other |
| First name(s) | | | | | |
| Surname | | | | | |
| Date of Birth (DD/MM/YY) | / | / | Gender | | Male Female |
| Address Details | | | | | |
| Phone Numbers | Home Phone | | Mobile Phone | | |
| Email Address | | | | | |
| Next of Kin | | | | | Phone |
| Address Details | | | | | |
| Legal Representative | | | | | |
| Status (select one) | Cook Islander | Permanent Resident | | Foreign Worker | |
| Nationality | Please specify e.g. New Zealand, Samoa, Fiji, and Philippines. Etc. | | | | |

2. Your Employment Information

| | | | | |
|---------------------|------------------------------------|---------|---------------------------------|--|
| Employer Type | Primary Employer (main employment) | | Secondary Employer (second job) | |
| Name of Employer | | | | |
| Address of Employer | Postal Box | Address | | |
| Phone Numbers | | | | |
| Occupation | | | | |

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 Handbook.

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 | | | |
| | Lump Sum Contribution | | | | |
| | Regular Contribution from Income | | per week | per fortnight | per month |

4. Investment Direction for Contributions (Compulsory & Voluntary)

Please indicate how you wish your future 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 | % |
| CINSF Balanced Fund | % |
| CINSF Growth Fund | % |
| Total Percentage (must add up to 100%) 100% | 100 % |

5. 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 Members Handbook; 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 Balances and future contributions 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 / /

6. Documentation

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 | Passport | Drivers Licence |
| Other Identification | Birth Certificate (only if the above is not available) | |
| RMD Letter | Confirmation letter from RMD | |

7. Employer Declaration and Signature

I, on behalf of _____ employer of the above mentioned employee, certify that he/she on the date of joining the Fund is actively at work performing full and normal duties

Employer Signature

Date

/

/

Name of Signatory

In order for your application to be complete you must ensure that CINSF has the documentation outlined in section 6.

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

I understand my application is not complete without sending documentation outlined in section 6