

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 along with all the required documents outlined in Section 5. **Please write in blue or black pen only.**

Please read the **Product Disclaimer 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 Default 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	Other	<input type="text"/>
First Name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Date of Birth (DD/MM/YYYY)	<input type="text" value="...../...../....."/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Residential Address	<input type="text"/>		
Phone Numbers	Home Phone <input type="text"/>	Mobile Number	<input type="text"/>
Email Address	<input type="text"/>		
Next of Kin	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>	Phone Number	<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 eg. 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"/>
Occupation	<input type="text"/>	Phone Number <input type="text"/>

3. Investment Accounts

All members commence with a compulsory account, into which 5% of their income is contributed, matched by an additional 5% from their employer. Members also have the option to establish a voluntary account for additional contributions. It is important to note that employers are not required to match voluntary contributions. Members are entitled to one complimentary withdrawal from their voluntary account per calendar year. Comprehensive information about voluntary accounts is available in the Handbook.

Please indicate below if you wish to open a voluntary account. Contributions to the voluntary account can be made either as a lump sum (minimum \$1,000) or through regular deductions from your income (minimum 1%)

Would you like to open a Voluntary Account? YES NO

If you select YES, please liaise with your Finance Division or contact our CINSF team for assistance with set up process.

4. Investment Direction for Contributions (Compulsory & Voluntary)

Please specify how you wish your contributions to be invested in the CINSF Investment Fund(s) by indicating the percentage for each selected Fund (whole percentage only – no fractions please). Each chosen CINSF Investment Fund must have a minimum of 5%.

CINSF Conservative Fund			%
CINSF Balanced Fund			%
CINSF Growth Fund			%
Total Percentage (must add up to 100%)		100	%

5. Required Documentations

In order to open your investment account, the following documentations is required to be submitted with this completed application form. Without the supporting documents your investments 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 License
Other Identification	<input type="checkbox"/> Birth Certificate with current photo taken. (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 read a copy of the Product Disclaimer Information Handbook online; 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 CINSF Office 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 CINSF Office 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.
- viii. 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**/...../.....

CINSF Office Use Only

Checked by:			
<input type="checkbox"/>	Confirm member personal details are checked against Te Roro are correct.		
<input type="checkbox"/>	Check Investment direction totals add to 100%.		
Registered by:		Date	
CINSF Approval by & Sign		Date	