

MEMBERSHIP APPLICATION FORM

Complete and return form to Cook Islands National Superannuation Fund, PO Box 3076, Rarotonga, Cook Islands Or Email <u>enquiry@superfund.gov.ck</u> **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													
	CINSF Member Number									(Th	is is the	same as yo	our RM	ID number)
	Title		Mr		Mrs		Ms		Dr		Other			
	First name(s)													
	Surname													
	Date of Birth		dd	m	ım	уу	уу		G	Gend	er	Male		Female
	Address Details													
	Phone Numbers	Нс	ome Pl	ione)				M	lobil	e Phone			
	Email Address													
	Next of Kin													
	Contact Details	Ne	ext of I	Kin a	ddress				P	hon	e Numb	ers		
	Legal Representative													
	Status	Ple	ease sj	pecil	fy if Coo	k Is	slander	, Per	manei	nt Re	esident, l	Foreign Wo	orker.	
	Nationality	Ple	ease sj	pecif	fy e.g. N	ew	Zealan	d, Sa	imoa, F	Fiji, F	Philippin	es. Etc.		

2.	Your Employment Info	ormation		
	Employer Type	Primary Employe	er (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).

Voluntary Account	Yes	No
Lump Sum Contribution	\$	
Regular Contribution from Income	\$	per week / fortnight / 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%

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:

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	Driver Licence
Other Identification	Birth Certificate (only if the	above is not available)
RMD Letter	Confirmation letter from RM	D

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: dd / mm /yyyy

Name of Signatory:

CINSF Office Use Only					
Checked by:					
O Confirm member personal details are checked against tracker system are correct.					
0	Check minimum Investment percentage rate is not less than 5%				
0	Check Investment direction totals add to 100%.				
Registered by:		Date	dd / mm /yyyy		
0	Registered Member to Te Roro		dd / mm /yyyy		
0	Scan Document to VAULT & Te Roro				
0	Submit to Manager for Approval	Date			
0	Create a CODA File for Filing				
0	Print ID CARD ROM MEMBER				