



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

CINSF Member Number				(This is the same as your RMD number)							
Title	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other	
First name(s)											
Surname											
Date of Birth	<input type="text"/>	dd	<input type="text"/>	mm	<input type="text"/>	yyyy	Gender	<input type="text"/>	Male	<input type="text"/>	Female
Address Details											
Phone Numbers	<input type="text"/>	Home Phone				<input type="text"/>	Mobile Phone				
Email Address											
Next of Kin											
Contact Details	<input type="text"/>	Next of Kin address				<input type="text"/>	Phone Numbers				
Legal Representative											
Status	Please specify if Cook Islander, Permanent Resident, Foreign Worker.										
Nationality	Please specify e.g. New Zealand, Samoa, Fiji, 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				
Address of Employer	<input type="text"/>	Postal Box	<input type="text"/>	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:

Date: dd / mm /yyyy

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 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: dd / mm /yyyy

Name of Signatory:

CINSF Office Use Only

Checked by:			
<input type="radio"/>	Confirm member personal details are checked against tracker system 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	Date	dd / mm /yyyy
<input type="radio"/>	Scan Document to VAULT & Te Roro		
<input type="radio"/>	Submit to Manager for Approval		
<input type="radio"/>	Create a CODA File for Filing		
<input type="radio"/>	Print ID CARD ROM MEMBER		