REGISTRATION OF VOLUNTARY MEMBER

DECLARATION
It is an offence under the Fiji National Provident Fund Act 2011 to make false statement(s) or produce false document(s) which you know to be materially false.

HOW TO FILL THE FORM
a) If member is below 18 years old, parents or guardians must complete the following sections:
• Section A to E
• Section E is not applicable to Court appointed legal guardian. Copy of Court order is required
• If you wish to register for Online Services, complete Section F. Refer to the checklist on page 2 for required documents.

b) If member is above 18 years old, he/she must complete the following sections:
• Section A to C
• If you wish to register for Online Services, complete Section F
• If you wish to appoint an executor for funeral assistance and/or nominee(s), complete Section G. Refer to the checklist on page 2 for required documents
• It is compulsory that you complete Section H.

WHAT HAPPENS TO YOUR VOLUNTARY APPLICATION
Once your application is accepted, you will be registered and given a FNPF account number, which will be shown on your Joint ID card. Do not lose your card and keep your FNPF number confidential.

CONTRIBUTION PAYMENT
Requirements
• Minimum opening deposit is $10.00
• Minimum deposit per transaction is $10.00
• Maximum contribution payment in a year is $200,000.00
• Payment over $10,000.00 will be reported to the Fiji Financial Intelligence Unit in accordance with the Financial Transactions Reporting Act.

HOW DO YOU MAKE PAYMENT
Payments can be made at:
• Any FNPF branches via cash, bank cheque or bank draft
• Post Office outlets
• Banks - cash, standing order and internet banking
• Any other approved 3rd party contribution payment collection agency

Please DO NOT send any CASH by mail.

AUTHORISED WITNESSING OFFICER
This form must be witnessed by an Authorised officer. He/She must be 18 years and above and should NOT be a nominee.
The following officers are authorized to witness your form:
1. Justice of Peace
2. Commissioner of Oaths
3. District Officer
4. FNPF Officer
5. Medical Practitioner
6. Minister of Religion
7. Bank Manager
8. Notary Public

c) If members are withdrawing under Retirement and Medical grounds, you can choose one of the following or a combination in part of any of the following:
i. Full Lump Sum Withdrawal
ii. Sole Life Pension
iii. Joint Life Pension
iv. Term Annuity 5 Years
v. Term Annuity 10 Years
vi. Term Annuity 15 Years

Example of combination of choices:
- Part Lump Sum Withdrawal,
- Part Sole Life Pension, and
- Part Term Annuity 5 Years

Early Retirement Withdrawals
You are eligible for the following subject to the terms and conditions specified in the withdrawal guidelines:

For more information contact 3307811 or email info@fnpf.com.fj
IMPORTANT INFORMATION

1. WHO CAN BECOME A VOLUNTARY MEMBER
   To join this scheme, you must be:
   • A Fiji citizen;
   • Between the age of 6 and below 54;
   • Student, self-employed or unemployed, or employed in the informal sector.
   • Not eligible for the mandatory/compulsory scheme.

2. PERSON BELOW 18 YEARS MUST BE REGISTERED BY A PARENT OR GUARDIAN.

3. RE-ENTRANTS AND CONTINUING MEMBERS
   • Re-entrant - had withdrawn as a FNPF member under migration, marriage and medical grounds must be below 54 years old and can only re-enter once
   • Individuals who are above 55 years old and are compulsory members can continue their membership through the Voluntary Scheme.

4. CHECK LIST
   i. Minimum opening deposit of $10.00 upon registration.
   ii. Required documents - Applicants must provide the following:

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Age</th>
<th>For Whom</th>
<th>Information/Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor</td>
<td>6 to below 18</td>
<td>Minor</td>
<td>• Original/Certified Birth Certificate (Extracted after year 2000)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Joint ID Card or TIN letter;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Parents and/or Guardians (Primary and Secondary Administrator)</td>
<td>• 1 certified passport photo</td>
</tr>
<tr>
<td>Adult Member</td>
<td>18 to below 54</td>
<td>Member and/or Nominated Executor</td>
<td>• Original/Certified Birth Certificate and Marriage Certificate (Extracted after year 2000)</td>
</tr>
<tr>
<td></td>
<td>above 55 years if continuing member</td>
<td></td>
<td>• Joint ID Card or TIN letter;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Photo ID</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Court order if Legal Guardian</td>
</tr>
<tr>
<td>Re-entrant Member</td>
<td>Below 54</td>
<td>Member and/or Nominated Person(s)</td>
<td>• Original/Certified Birth Certificate (Extracted after year 2000)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Joint ID Card or TIN letter;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• 1 certified passport photo</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Proof of Fiji Citizenship (for Migration re-entrants only)</td>
</tr>
</tbody>
</table>

5. APPLICATION SECTION DESCRIPTIONS

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Declaration</td>
</tr>
<tr>
<td>B</td>
<td>Membership Type</td>
</tr>
<tr>
<td>C</td>
<td>Personal Details of Member</td>
</tr>
<tr>
<td>D</td>
<td>Details of Administrators for Minor Members</td>
</tr>
<tr>
<td>E</td>
<td>Parental Consent for Administrator</td>
</tr>
<tr>
<td>F</td>
<td>Registration of Mobile and Online Web Portal</td>
</tr>
<tr>
<td>G</td>
<td>Detail of the Special Death Benefit Executor</td>
</tr>
<tr>
<td>H</td>
<td>Details of Nominee(s)</td>
</tr>
</tbody>
</table>
SECTION A: DECLARATION

I hereby declare that the information provided in this form is true and correct to the best of my knowledge and I indemnify the FNPF Board against any liability arising from the information given in this form, and I understand that I am responsible for the safekeeping and updating of any changes to my FNPF record including the loss of privileged information received through my preferred communication medium.

Signature of Member/Primary Administrator: ___________________________

Witness Signature: ___________________________

Name of Witness: ___________________________

Address of Witness: ___________________________

Designation of Witness: ___________________________

Date: ____/____/____

SECTION B: MEMBERSHIP TYPE

- [ ] New Member
- [ ] Existing Compulsory Member
- [ ] Re-entrant

Account sub-type: [ ] Minor [ ] Adult

SECTION C: PERSONAL DETAILS

Applicant's Full Name (as in Birth and/or Marriage Certificate)
1. FNPF ID: ___________________________
2. TIN No: ___________________________
3. Full Name (as in Birth Certificate):
4. Married Name:
5. Occupation:
6. Source of Funds:
7. Birth Registration Number:
8. Date of Birth (DD/MM/YYYY): / /
9. Gender: [ ] F [ ] M
10. Country of residence:
11. Country code: ___________________________
12. Phone Contact: a) Home ___________________________ b) Mobile ___________________________
13. a) Email: ___________________________
14. Preferred Communication - (Please tick a box) [ ] Mobile [ ] Email [ ] Postal

FOR OFFICE USE ONLY: PID # ___________________________

FNPF REFERENCE # ___________________________

SECTION D: ADMINISTRATOR DETAILS (only applicable to members between 6 - 18 years old)

PRIMARY ADMINISTRATOR (Compulsory - To be completed by Parent or Guardian)
1. Full Name (as in Birth Certificate): ___________________________
2. FNPF ID: ___________________________
3. TIN No: ___________________________
4. Gender: [ ] F [ ] M
5. Relationship to Member: Parent [ ] Guardian [ ] (If Guardian, please complete Section E)
6. Birth Registration Number:
7. Date of Birth (DD/MM/YYYY): / /
8. Country of residence:
9. Country code: ___________________________ (only if residing overseas)
10. Phone Contact: Home ___________________________ b) Work ___________________________ c) Mobile ___________________________
11. a) Email: ___________________________
12. Preferred Communication - (Please tick a box) [ ] Mobile [ ] Email [ ] Postal

1 passport size photo of Member certified by JP/ Commissioner of Oath or Notary Public (overseas)

Left Thumbprint of Adult Member/ Primary Administrator

Left Thumbprint of Adult Member/ Primary Administrator

Name of Witness: ___________________________

Address of Witness: ___________________________

Designation of Witness: ___________________________

Date: ____/____/____

12. Preferred Communication - (Please tick a box) [ ] Mobile [ ] Email [ ] Postal
SECONDARY ADMINISTRATOR (OPTIONAL)

1. Full Name (as in Birth Certificate):

2. FNPF ID: ____________________________

3. TIN No: __________ - __________ - __________

4. Gender: F ☐ M ☐

5. Relationship to Member: Parent ☐ Guardian ☐

(If Guardian, please complete Section E)

6. Birth Registration Number: ____________________________

7. Date of Birth (DD/MM/YYYY): __________ / __________ / __________

8. Country of residence:

9. Country code: ____________________________ (only if residing overseas)

10. Phone Contact: Home ____________________________
    b) Work ____________________________
    c) Mobile ____________________________

11 a) Email: ____________________________
    b) Residential Address: ____________________________

12. Preferred Communication - (Please tick a box) ☐ Mobile ☐ Email ☐ Postal

SECTION E: PARENTAL CONSENT FOR ADMINISTRATOR

(Complete only if Primary and/or Secondary Administrator is not parent)

I, ________________________________________________, parent of ________________________________________________, hereby consent for ________________________________________________ to be the Administrator of my child’s Minor Voluntary account.

Consenting Parent: Father ☐ Mother ☐

Phone Contact: ____________________________ Email: ____________________________

Date: __________ / __________ / __________ Signature: ____________________________

SECTION F: MOBILE and ONLINE WEB PORTAL

MyFund Registration (*567#)

New ☐ Amend ☐ Cancel ☐ Mobile ____________________________

myFNPF Mobile App Registration

New ☐ Amend ☐ Cancel ☐ Email Address ____________________________

Member Online Web Portal Registration

New ☐ Amend ☐ Cancel ☐ Email Address ____________________________

SECTION G: MEMORANDUM OF ADMINISTRATION (only applicable to members above 16 years old)

This form gives the authority to the Fund to distribute part of your Special Death Benefit to person(s) nominated below to be used for funeral expenses, in the event of your death.

Would you like to appoint an Executor? Yes ☐ No ☐

Name of Executor: ____________________________ f/n ____________________________

FNPF Number: (if member) ____________________________ TIN No: ____________________________ Gender: F ☐ M ☐

Date of Birth: ____________________________ Relationship to Member: ____________________________

Postal Address: ____________________________

Residential Address: ____________________________

Phone Contact: ____________________________ Signature of Executor: ____________________________
SECTION H: MEMORANDUM OF NOMINATION (only applicable to members above 18 years old)

Please indicate your option by placing a tick (✓) in the box next to the appropriate option.

PART 1 I hereby nominate the person(s) named in the schedule below to receive, in the event of my death, the share(s) set down against their respective name(s) of the amount then standing to my credit in the Fiji National Provident Fund.

PART 2 I do not desire to nominate any person to receive, in the event of my death, the amount standing to my credit in the Fiji National Provident Fund. I understand that, in the event of my death, the amount so standing will be paid to the High Court for the disposal of these in accordance with the laws.

Please write clearly and legibly in dark ink

1. Name of Nominee:
   Date of Birth:
   Relationship to Member:
   Share:
   Postal Address:
   FNPF ID (If Member):
   Residential Address
   Phone Contact:

2. Name of Nominee:
   Date of Birth:
   Relationship to Member:
   Share:
   Postal Address:
   FNPF ID (If Member):
   Residential Address
   Phone Contact:

3. Name of Nominee:
   Date of Birth:
   Relationship to Member:
   Share:
   Postal Address:
   FNPF ID (If Member):
   Residential Address
   Phone Contact:

4. Name of Nominee:
   Date of Birth:
   Relationship to Member:
   Share:
   Postal Address:
   FNPF ID (If Member):
   Residential Address
   Phone Contact:

DECLARATION

Member Signature
Date: / / 

Signed and Acknowledged by (Name of Member) as his/her schedule of nomination and he/she appeared to fully understand the meaning and effect thereof.

Witness Signature: Name of Witness:
Address of Witness:
Designation of Witness:
Date: / / 

Left Thumbprint of Member