**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, and
- 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:
- Full Lump Sum Withdrawal
- Sole Life Pension
- Joint Life Pension
- Term Annuity 5 Years
- Term Annuity 10 Years
- 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:
- Education assistance (local and overseas)
- Medical assistance (local and overseas)
- Housing assistance and
- Funeral assistance

**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>
</table>
| Minor           | 6 to below 18 Minor | • Original/Certified Birth Certificate (Extracted after year 2000)  
|                 |     |          | • Joint ID Card or TIN letter;  
|                 |     |          | • 1 certified passport photo  
|                 |     | Parents and/or Guardians (Primary and Secondary Administrator) | • Original/Certified Birth Certificate and Marriage Certificate (Extracted after year 2000)  
|                 |     |          | • Joint ID Card or TIN letter;  
|                 |     |          | • Photo ID  
| Adult Member    | 18 to below 54 Member  
|                 | above 55 years if continuing member | • Nominate person/s  
|                 |     | Member  
|                 |     | Nominated Executor | • Original/Certified Birth Certificate (Extracted after year 2000)  
|                 |     | Joint ID Card or TIN letter;  
|                 |     | 1 certified passport photo  
| Re-entrant Member | Below 54 | • Member  
|                 |     | Nominated Person(s) | • Original/Certified Birth Certificate (Extracted after year 2000)  
|                 |     | Joint ID Card or TIN letter;  
|                 |     | 1 certified passport photo  
|                 |     | Proof of Fiji Citizenship (for Migration re-entrants only)  

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: ________ / ________ / ________

Left Thumbprint of Adult Member/ Primary Administrator

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

SECTION B: MEMBERSHIP TYPE

☐ New Member

Account sub-type: ☐ Minor ☐ Adult

☐ Existing Compulsory Member

☐ Re-entrant

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: ___________________________ (only if residing overseas)

12. Phone Contact: a) Home ___________________________

b) Mobile ___________________________

13. a) Email: ___________________________

b) Residential Address: ___________________________

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

PID # ___________________________

FNPF REFERENCE # ___________________________

SECTION D: ADMINISTRATOR DETAILS

Primary Administrator

1. Full Name (as in Birth Certificate): ___________________________

2. FNPF ID: ___________________________

3. TIN No: ___________________________

4. Gender: F ☐ M ☐

5. Relationship to Member: Parent ☐ Guardian ☐

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
Secondary Administrator

1. Full Name (as in Birth Certificate):

2. FNPF ID: ____________________________

3. TIN No: ________________________

4. Gender: F M

5. Relationship to Member: Parent Guardian

6. Birth Registration Number: ____________________________

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

8. Country of residence: ____________________________

9. Country code: ____________________________

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

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

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: __/__/____