

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 Digital Services, complete Section F.

Note: Minor member must complete a new Voluntary form, Nomination form and submit latest passport size photo when he/she turns 18 years of age.

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.
- Section H must be completed.

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 FNPF/FRCS Joint card. Do not lose your card and keep your number confidential.

BENEFITS OF A VOLUNTARY MEMBER

Full Retirement Withdrawals

- a) Members can access 100% of their funds if they qualify for the following:
- i. Migration**
 - Minor - if migrating to live permanently overseas with parents or guardians on a permanent residency visa
 - Members above 18 years old - if migrating to live permanently overseas on a permanent residency visa
 - ii. Medical** - Can fully withdraw due to a medically-certified physical or mental condition
 - iii. Retirement** - Have reached the entitlement age of 55 years old
 - iv. Low Balance Account** - Aged 50 and above, with a balance of \$10,000 or less, and have not contributed for 12 months or more.
- b) If members are withdrawing under Migration and Low Balance Account, you are entitled to Full Lump Sum withdrawal only.

CONTRIBUTION PAYMENT

Requirements

- Minimum opening deposit is **\$10.00**
- Minimum deposit per transaction is **\$10.00**
- No Maximum limit
- 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 Fiji 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:

- i. Education assistance (local and overseas)
- ii. Medical assistance (local and overseas)
- iii. Housing assistance and
- iv. Funeral assistance

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:

Membership Type	Age	For Whom	Information/Documentation Required
Minor	6 to below 18	Minor	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Nominate person/s • Member 	<ul style="list-style-type: none"> • Original/Certified Birth Certificate (Extracted after year 2000) • Joint ID Card or TIN letter; • 1 certified passport photo
	above 55 years if continuing member	<ul style="list-style-type: none"> • Nominated Executor 	
Re-entrant Member	Below 54	<ul style="list-style-type: none"> • Member • Nominated Person(s) 	<ul style="list-style-type: none"> • 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)

Note: You are required to submit original or Certified copy of birth Certificate of your nominee (s) to allow accuracy of nominee details being captured. **If you or your nominee (s) have recently made changes to your name(s), please submit latest birth certificate.**

5. APPLICATION SECTION DESCRIPTIONS

Section	Description
A	Declaration
B	Membership Type
C	Personal Details of Member
D	Details of Administrators for Minor Members
E	Parental Consent for Administrator
F	Registration of Mobile and Online Web Portal
G	Detail of the Special Death Benefit Executor (MOA)
H	Details of Nominee(s)

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 FNPB 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 FNPB 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: / /

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

Left Thumbprint of Adult Member/ Primary Administrator

SECTION B: MEMBERSHIP TYPE

New Member

Existing Voluntary 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. FNPB 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 Opt out of Marketing Emails

I understand that FNPB may communicate information regarding my FNPB account details via the above preferred mode of communication.....
(Member Initial)

SECTION D: ADMINISTRATOR DETAILS

Primary Administrator

1. Full Name (as in Birth Certificate):

2. FNPB 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 Opt out of Marketing Emails

I understand that FNPB may communicate information regarding my FNPB account details via the above preferred mode of communication.....
(Member Initial)

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: (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 Opt out of Marketing Emails

I understand that FNPF may communicate information regarding my FNPF account details via the above preferred mode of communication.....
(Parental Initial)

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:

Member Name: FNPf No:

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:

5. Name of Nominee:

Date of Birth: Relationship to Member: Share:

Postal Address: FNPf ID (If Member):

Residential Address Phone Contact:

6. Name of Nominee:

Date of Birth: Relationship to Member: Share:

Postal Address: FNPf ID (If Member):

Residential Address Phone Contact:

7. Name of Nominee:

Date of Birth: Relationship to Member: Share:

Postal Address: FNPF ID (If Member):

Residential Address Phone Contact:

8. 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.

Left Thumbprint of Member

Witness Signature: Name of Witness:

Address of Witness:

Designation of Witness:

Date: / /

Head Office Provident Plaza 2 Private Mail Bag, Suva Telephone: (679) 330 7811 Facsimile: (679) 330 7611	Lautoka Shop 5, Provident Centre, 6 Naviti Street, Private Mail Bag, Lautoka Telephone: (679) 666 1888	Labasa Rosawa Street Private Mail Bag, Labasa Telephone: (679) 881 2111	Sigatoka Branch Shop 3-4, Hanif Building, Matamata Subdivision Phone: (679) 666 1888	Nadi Agency Shop 2, Lot 13 Concave Subdivision Namaka Lane, Nadi Telephone: (679) 666 1888	Savusavu Agency Budget Lodge Building Ltd Main Street, Savusavu Telephone: (679) 881 2111	Ba Agency Ganga Singh Street, Ba Telephone: (679) 666 1888	Valelevu Agency Shop 3, Rajendra Prasad Bros Supermarket Complex Valelevu, Nasinu Telephone: (679) 330 7811	Nausori Branch Lot 1, Main Street, Nausori Telephone: (679) 330 7811
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