FIJI NATIONAL PROVIDENT FUND

FNPF3V

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

Complete the following sections:

Voluntary Sub Type	Sections to Complete
Minor *(to be completed by Parent/Guardian)*	Sections A - D, F & H
Adult	Sections A - C, H & I
If you wish to register for Online Services, complete Section G. *Refer to the checklist on page 2 for required documents*.	

Note: Minor members must complete and submit the following when he/she turns 18 years of age.
. Voluntary form
. Nomination form
. Latest passport sized photo

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**
- If the payment is above **$5,000,** you or the person paying into your account, will have to declare the source of funds.
- Maximum limit **of $250,000** per annum

HOW DO YOU MAKE PAYMENT

Payments can be made at:
- Any FNPF branches via cash, bank cheque, bank draft or EFTPOS
- Post Office outlets
- Banks - cash, standing order and internet banking

Please DO NOT send any CASH by mail.

AUTHORISED WITNESSING OFFICER

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. Minist er of Religion
7. Bank Manager
8. Notary Public

BENEFITS OF A VOLUNTARY MEMBER

Full Withdrawals Grounds

a) Members can access 100% of their funds if they qualify for the following:
   i. **Retirement** - Have reached the entitlement age of 55 years old
   ii. **Medical -** Can fully withdraw due to a medically-
   - certified physical or mental condition

   iii. **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

   iv. **Low Balance Account** - Aged 50 and above, with a balance of $10,000 or less, and have not contributed for the last 12 months.

b) If members are withdrawing under Migration, Low Balance Account, you are entitled to Full Lump Sum withdrawal only.

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
   vii. DrawDown Account

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

Early Withdrawals Grounds

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;
   - Is 59 years and below;
   - A child, student, self-employed, 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/GUARDIAN.**

3. **RE-ENTRANTS AND CONTINUING MEMBERS**
   - Re-entrant - had withdrawn as a FNPF member under retirement,migration, medical and low balance grounds **must be below 59 years old and can rejoin on two (2) further occassions.**
   - Individuals who are above 55 years old and are compulsory members can continue their membership through the Voluntary Scheme after they make a full withdrawal under the entitlement age.

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	Documentation Required
Minor	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 59 years	• Nominated person/s • Member • Nominated Executor	• 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
Re-entrant Member	Up to 59 years	• 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

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	Memorandom of Administration
H	Memorandom of Nomination

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:.....

1 passport size photo of Member certified by Employer/Employer Representative/Approved delegated FNPF Officer

Left Thumbprint of Member/ Primary Administrator

Date: ☐☐ / ☐☐ / ☐☐☐☐

SECTION B – MEMBERSHIP TYPE

☐ **New Member** ☐ **Existing Member** ☐ **Re-entrant**

Account Sub Type: ☐ Minor ☐ Adult

SECTION C – PERSONAL DETAILS OF MEMBER

Applicant's Full Name (as in Birth and/or Marriage Certificate)

1. FNPF ID: ☐☐☐☐☐☐☐☐☐☐☐ 2. TIN No: ☐☐ - ☐☐☐☐☐☐ - ☐ - ☐

3. Full Name (as on Birth Certificate): ☐☐☐☐☐☐☐☐☐☐☐

Secondary Administrator

1. Full Name (as on Birth Certificate):

2. FNPF ID: 3. TIN No: - - -

4. Gender: F M 5. Relationship to Member: Parent Guardian

6.Birth Reg. Number: 7. Date of Birth (DD/MM/YY): / /

8. Country of Residence: 9. Email:

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

11. a) Postal Address: b) Residential Address:

12. **Preferred Communication** - Mobile Email Postal Opt out for Marketing Emails

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

Full Name of Executor: .....

FNPF Number: (if member) 3. TIN No: - - -

Gender: F M Date of Birth (DD/MM/YY): / / Phone:

Relationship to Member:

Postal Address: b) Residential Address:

Member Name: ..... **FNPF No:** .....

SECTION H: MEMORANDUM OF NOMINATION

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 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 FNPF Member: ..... Share: .....

   Postal Address: .....

   Residential Address: ..... Phone Contact: .....

2. Name of Nominee: .....

   Date of Birth: ..... Relationship to FNPF Member: ..... Share: .....

   Postal Address: .....

   Residential Address: ..... Phone Contact: .....

3. Name of Nominee: .....

   Date of Birth: ..... Relationship to FNPF Member: ..... Share: .....

   Postal Address: .....

   Residential Address: ..... Phone Contact: .....

4. Name of Nominee: .....

   Date of Birth: ..... Relationship to FNPF Member: ..... Share: .....

   Postal Address: .....

   Residential Address: ..... Phone Contact: .....

5. Name of Nominee: .....

   Date of Birth: ..... Relationship to FNPF Member: ..... Share: .....

   Postal Address: .....

   Residential Address: ..... Phone Contact: .....

6. Name of Nominee: .....

   Date of Birth: ..... Relationship to FNPF Member: ..... Share: .....

   Postal Address: .....

   Residential Address: ..... Phone Contact: .....

7. Name of Nominee: .....

   Date of Birth: ..... Relationship to FNPF Member: ..... Share: .....

   Postal Address: .....

   Residential Address: ..... Phone Contact: .....

8. Name of Nominee: .....

   Date of Birth: ..... Relationship to FNPF Member: ..... Share: .....

   Postal Address: .....

   Residential Address: ..... Phone Contact: .....

9. Name of Nominee: .....

   Date of Birth: ..... Relationship to FNPF Member: ..... Share: .....

   Postal Address: .....

   Residential Address: ..... Phone Contact: .....

SECTION H: DECLARATION

Member Signature: .....

Date (DD/MM/YY): ☐☐ / ☐☐ / ☐☐☐☐

Signed and Acknowledged by 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 (DD/MM/YY): ☐☐ / ☐☐ / ☐☐☐☐