



# FHC RETIREMENT SCHEME

## APPLICATION FOR MEMBERSHIP

MAILING ADDRESS: FHC Retirement Scheme | 20 Dominica Drive | Kingston 5 | Tel: 876-908-1502/ 876-906-5317 | Email: fhc.investments@fhccu.com

Ensure that this form is completed in CAPITAL LETTERS and the requisite documents copied, verified and attached.

The requisite documents are: **1) ID 2) TRN 3) Proof of Address 4) Two References 5) Proof of Age**

### MEMBER IDENTIFICATION

ACCOUNT #:		TRN:		ENROLMENT DATE: DD_____ MM_____ YYYY_____	
SALUTATION: _____	FIRST NAME:	MIDDLE NAME:	LAST NAME:		
GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		MARITAL STATUS: SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		BIRTH DATE: DD_____ MM_____ YYYY_____	
HOME ADDRESS:			MAILING ADDRESS:		
TEL#: LIME <input type="checkbox"/> DIGICEL <input type="checkbox"/> HOME <input type="checkbox"/>	TEL#: LIME <input type="checkbox"/> DIGICEL <input type="checkbox"/> HOME <input type="checkbox"/>	EMAIL:		EMAIL:	
PROOF OF AGE: PASSPORT <input type="checkbox"/> BIRTH CERT. <input type="checkbox"/>		IDENTIFICATION: DRIVER'S LICENSE <input type="checkbox"/> PASSPORT <input type="checkbox"/> NATIONAL ID <input type="checkbox"/> OTHER <input type="checkbox"/> _____ IDENTIFICATION#: _____ EXPIRATION: DD_____ MM_____ YYYY_____			

### MEMBER EMPLOYMENT AND CONTRIBUTION

TRANSFER-IN: YES <input type="checkbox"/> NO <input type="checkbox"/>	SUPERANNUATION FUND / RETIREMENT SCHEME NAME:		EMPLOYER VALUE:\$ _____
			EMPLOYEE VALUE:\$ _____
			SURPLUS VALUE:\$ _____
EMPLOYMENT STATUS: EMPLOYED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/>		OCCUPATION:	EMPLOYER NAME:
EMPLOYER ADDRESS:			EMPLOYER TEL#:
ANNUAL INCOME : \$ _____ CURRENCY: JMD <input type="checkbox"/> USD <input type="checkbox"/> Other <input type="checkbox"/> _____		CONTRIBUTION FREQUENCY: MONTHLY <input type="checkbox"/> FORTNIGHTLY <input type="checkbox"/> OTHER <input type="checkbox"/> _____	
		MODE OF PAYMENT: SALARY DEDUCTION <input type="checkbox"/> TELLER <input type="checkbox"/> OTHER <input type="checkbox"/> _____	
EMPLOYEE CONTRIBUTION : _____% or _____		INVESTMENT FUND CONTRIBUTION ALLOCATION:	
EMPLOYER CONTRIBUTION : _____% or _____		CONSERVATIVE FUND <input type="checkbox"/> BALANCED FUND <input type="checkbox"/> AGGRESSIVE FUND <input type="checkbox"/>	

## APPLICANT DECLARATION

<input type="checkbox"/>	By checking this box, I hereby give my consent to receiving, by electronic format or electronic means, any notice(s) or document(s) which I may be entitled to receive from the FHC Retirement Scheme using the information I have provided above.
My signature below confirms that:	
<ul style="list-style-type: none"><li>• I hereby apply for membership in the FHC Retirement Scheme (“the Scheme”) in accordance with the Trust Deed and Rules of the Scheme;</li><li>• Prior to joining the Scheme, I was provided with a copy of the Scheme’s information folder and the members’ handbook and I understand that they are available on the website <a href="http://www.fhcinvestments.com">www.fhcinvestments.com</a>;</li><li>• I am: a) Self-employed/ employed in a non-pensionable post and do not otherwise contribute to an approved superannuation fund or another approved retirement scheme; or b) Transferring my pension benefits from an approved superannuation fund to the Scheme on termination of employment.</li><li>• I shall contribute at least once each plan year to the Scheme as per the contribution information completed above and understand that my member status will be changed to “deferred pensioner” if I do not make a contribution for over a year;</li><li>• I authorize the Scheme to allocate my contributions to the age appropriate investment fund on my behalf if I have not selected an Investment Fund Contribution Allocation;</li><li>• Upon my death, if no beneficiary is nominated to receive a benefit payable from the Scheme or if no beneficiary is alive after my death, my personal legal representative is entitled to the benefit payable; and</li><li>• The information presented in the above sections is correct and I understand that my application will become null and void if the information is incorrect, incomplete or misleading.</li></ul>	
Applicant’s Signature: _____	Date: _____
Witness Name & Signature: _____	Date: _____

## REPRESENTATIVE ACKNOWLEDGEMENT

I, the undersigned representative of FHC Investments Limited, declare that:	
<ul style="list-style-type: none"><li>• This application for membership to the FHC Retirement Scheme (“the Scheme”) has been accurately completed with all requisite documents copied, verified and attached, and I have provided this applicant with the opportunity to read and obtain clarification about the contents of the Scheme’s information folder and members’ handbook prior to submitting this application.</li></ul>	
Representative’s Signature: _____	
Date: _____	
Representative’s FSC Reg. Code: _____	<b>REPRESENTATIVE’S SEAL</b>

## INTERNAL USE ONLY

Application data has been successfully extracted and posted into the Scheme’s database:		
Posted By: _____	Date: _____	<input type="checkbox"/> EMPLOYMENT VERIFIED <input type="checkbox"/> HOME ADDRESS VERIFIED <input type="checkbox"/> RECEIVED COURTESY CALL
Called By: _____	Date: _____	
Verified By: _____	Date: _____	

## REMARKS:

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