



## 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. T.R.N 3. Proof of Address 4. Proof of Age 5. One Reference**

### MEMBER IDENTIFICATION

<b>ACCOUNT #:</b>		<b>T.R.N.:</b>	<b>ENROLLMENT DATE:</b>
		<b>N.I.S.:</b>	DD ____ MM ____ YYYY ____
<b>SALUTION:</b>	<b>FIRST NAME:</b>	<b>MIDDLE NAME:</b>	<b>LAST NAME:</b>
<b>GENDER:</b>	<b>MARTIAL STATUS:</b>		<b>BIRTH DATE:</b>
MALE <input type="radio"/> FEMALE <input type="radio"/>	SINGLE <input type="radio"/> MARRIED <input type="radio"/> DIVORCED <input type="radio"/> WIDOWED <input type="radio"/>		DD ____ MM ____ YYYY ____
<b>HOME ADDRESS:</b>		<b>MAILING ADDRESS:</b>	
<b>CELL#:</b>	<b>HOME#:</b>	<b>EMAIL:</b>	<b>EMAIL:</b>
<b>PROOF OF AGE:</b>	<b>IDENTIFICATION:</b> DRIVER'S LICENSE <input type="radio"/> PASSPORT <input type="radio"/> NATIONAL ID <input type="radio"/> OTHER <input type="radio"/> ____		
PASSPORT <input type="radio"/>	<b>IDENTIFICATION #:</b> ____ <b>EXPIRATION:</b> DD ____ MM ____ YYYY ____		
BIRTH CERT. <input type="radio"/>	Place of Birth: ____ Nationality: ____ Country of Residency: ____		

### MEMBER EMPLOYMENT AND CONTRIBUTION

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

## APPLICANT DECLARATION



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:

- I hereby apply for membership in the FHC Retirement Scheme ("the Scheme") in accordance with the Trust Deeds and Rules of the Scheme;
- 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 [www.fhcinvestments.com](http://www.fhcinvestments.com);
- 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.
- 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;
- 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;
- 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
- 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.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Name & Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand that FHC Investments Limited (FHCIL) collects and processes the personal data herein to provide financial services, manage risks and comply with legal and regulatory obligations; to communicate with me and provide customer service, and to share information about our products, services and promotional activities.

I further understand that my personal data may be shared within our corporate structure which includes First Heritage Co-operative Credit Union, its subsidiaries, associated and affiliated companies, as well as regulators and other third parties as defined in FHCIL's Privacy Notice.

Details on how FHCIL processes personal information, who it is shared with, and data subject rights can be accessed at [bit.ly/41oPkiz](http://bit.ly/41oPkiz) or by scanning the QR code.

Get in touch with any concerns or queries at [DPA@fhccu.com](mailto:DPA@fhccu.com).



FHCIL Privacy Notice

Member's Full Name: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REPRESENTATIVE ACKNOWLEDGEMENT

I, the undersigned representative of FHC Investments Limited declare that:

- The application for membership to the FHC Retirement Scheme ("the Scheme") has 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.

Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative's FSC Reg. Code: \_\_\_\_\_

REPRESENTATIVE SEAL

## INTERNAL USE ONLY

Application data has been successfully extracted and posted into the Scheme's database:

Posted By: \_\_\_\_\_ Date: \_\_\_\_\_

Called By: \_\_\_\_\_ Date: \_\_\_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

EMPLOYMENT VERIFIED	<input type="checkbox"/>
HOME ADDRESS VERIFIED	<input type="checkbox"/>
RECEIVED COURTESY CALL	<input type="checkbox"/>