



SAVINGS & INVESTMENTS

Application Form

Type of Fund: ☐ Ika Ni Yabaki
☐ Na I Vavakada
☐ Na I Lololo

A. EXISTING ACCOUNT DETAILS

Name: _____ TPF Number: _____
 Permanent Address _____ Postal Address: _____
 Date of Birth: _____ Tax Identification No: _____
 Telephone No: _____ Mobile No: _____
 Email: _____

B. INVESTMENT PLAN

Tick (✓)	Fund	Amount	Term (Years)		
<input type="checkbox"/>	Ika ni Yabaki	\$	6% Annually Pay-out - January		
<input type="checkbox"/>	Na I Vavakada	\$	Term	Annual Interest Rate	Tick
			2 Years 6%	6%	
			3 Years 7%	7%	
<input type="checkbox"/>	Na I Lololo (Superannuation)	\$	Term	Annual Interest Rate	Tick
			2-3 Years	6%	
			4-5 Years	7%	
			6-8 Years	8%	

NA I LOLOLO INVESTORS WHO ARE RETIRED ARE NOT REQUIRED TO PAY MEMBERSHIP FEES. YOUR INVESTMENT GUARANTEES YOUR MEMBERSHIP

C. DIVIDEND DISTRIBUTION

1. FOR NA I VAVAKADA

☐ Reinvestment ☐ Deposit ☐ Annually

2. FOR NA I LOLOLO

☐ Reinvestment ☐ Deposit ☐ Monthly
☐ Quarterly
☐ Bi-annually
☐ Annually

Bank Account Details

Bank Name: _____
 Account Name: _____
 Account No: _____
 Branch: _____

In the event of death, I _____ hereby authorise that all dividend distribution to be paid out to my beneficiaries as declared.

 Investors Signature

D. DECLARATION, CONDITIONS AND ACKNOWLEDGEMENTS

Policies including the following:

- i. Monies Invested can be used as a security to loan. If it is used as a security to loan, the maturity date will be determined by the terms of the loan.
- ii. An investor shall not withdraw the principal investment before the agreed term of investment which is _____ years from this date ____/____/____.
- iii. Withdrawal before the agreed term will result in foregoing of interest and charging of overhead cost of keeping your savings as determined by the Board.
- iv. I hereby declare that the Board SHALL have the authority to use my investment to settle all outstanding loans in the event of:
 - a. Defaulting of Payment
 - b. Inability to settle loan (redundancy, bedridden
 - c. Death
 - i. In the event of **death of an investor**, all returns from investment shall be inherited by the **nominated beneficiary(s), in accordance with the designated percentage stated therein.**
 - ii. The invested amount will **not** be withdrawn by the beneficiary before the end of the agreed terms of investment.
- v. **Beneficiary form** must be completed during the initial process of investment application.

I declare that I have seen and agree with the Declaration and Conditions that are outlined in the FTACTL Policy.

INVESTOR'S SIGNATURE

Full Name(s): _____
Signature: Date: _____

SIGNATURE OF WITNESS

Full Name(s): _____
Signature: Date: _____

OFFICIAL USE ONLY CHECKLIST

No.	Documents	Tick Where applicable
1.	Photo ID (Valid FNPF Card, Driver's License and Passport)	
2.	Birth Certificate	
3.	Passport Photo(s)	
4.	Statutory Declaration (in the absence of a formal identification) with photo(s)	
5.	Passport for overseas based investors (Compulsory)	
6.	Signed Code 256 Deduction Form or Bank Deduction Form	
7.	Beneficiary Form	
8.	Investors Will	