Barita
Individual Retirement Scheme

APPLICATION FORM/CHANGE REQUESTS

PLEASE USE BLOCK LETTERS WHEN COMPLETING THIS FORM

☐ NEW ACCOUNT ☐ INFORMATION UPDATE

CUSTOMER INFORMATION

Name: ☐ Mr. ☐ Miss ☐ Mrs. _____ (First) _____ (Middle) _____ (Surname)

DOB: _____ (DD/MM/YY) **Gender:** ☐ Male ☐ Female **Marital Status:** ☐ Married ☐ Single ☐ Divorced ☐ Widowed

NIS #: _____ **TRN:** _____ **Place of Birth:** _____ **Nationality:** _____

GENERAL INFORMATION

Home Address: _____

Mailing Address (if different from above): _____ **Source of Funds:** _____

Telephone (Home): _____ **(Work):** _____ **(Cell):** _____ **Email:** _____

Identification Type: _____ **Identification #:** _____ **Expiry date of ID:** _____

EMPLOYMENT DETAILS

Self-Employed: ☐ Yes ☐ No

Business Name: _____ **Work Address:** _____

Business Telephone #: _____ **Date of Employment:** _____

Occupation or Nature of Business: _____ **Gross Annual Income or Emoluments:** _____

Are you an active member of a Superannuation fund or Retirement Scheme? ☐ Yes ☐ No (If yes, you may only qualify to become a member of our IRS upon termination of membership in your current scheme)

Transfer Value: ☐ Yes ☐ No (if yes, please complete the table below):

Name of Approved Superannuation Fund/Retirement Scheme (from which benefits are being transferred)	Value ($)

INVESTMENT DETAILS

Fund: Conservative (%): _____ Moderate (%): _____ Aggressive (%) : _____

Proposed Contribution: ($) _____ (or %) _____ **Payment method:** ☐ Salary Deduction ☐ Direct Deposit

Frequency of Payment: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly ☐ Weekly

(Please note that Members maximum contribution is 20% of annual income.)

Barita

Individual Retirement Scheme

BENEFICIARY INFORMATION

You must appoint trustee(s) for minor (below the age of 18 years old) or any beneficiary incapable of acting independently.

(1)

Name: _____ _____ _____ **DOB:** _____ **TRN#:** _____

First Middle Surname DD/MM/YY

Relationship to Applicant: _____ **Address:** _____ **Tel#:** _____

Share: _____% **Trustee name (if applicable):** _____ **Relationship of Trustee to applicant:** _____

(2)

Name: _____ _____ _____ **DOB:** _____ **TRN#:** _____

First Middle Surname DD/MM/YY

Relationship to Applicant: _____ **Address:** _____ **Tel#:** _____

Share: _____ % **Trustee name (if applicable)**: _____ **Relationship of Trustee to applicant:** _____

(3)

Name: _____ _____ _____ **DOB:** _____ **TRN#**: _____

First Middle Surname DD/MM/YY

Relationship to Applicant: _____ **Address:** _____ **Tel#:** _____

Share: _____ % **Trustee name (if applicable):** _____ **Relationship of Trustee to applicant:** _____

I hereby apply for membership in the Barita Individual Retirement Scheme and certify that the information contained within is accurate and complete. I agree to abide by the terms and conditions set out in the Scheme's Trust deed and Rules and understand that failure to disclose pertinent information may affect future benefits.

I further declare that I am not an active member of another superannuation or pension fund and that the Trustees of the retirement scheme will be notified in writing if there is any change in my status.

Do you, any members of your immediate family, or associates, served or currently serve as officials or senior officials in the administrative, legislative, or executive branches of the government, military, or judiciary in your country of residence or any other foreign country government? ____**Yes or** ____**No**

Do you, any members of your immediate family, or associates, served or currently serve as an assistant commissioner or in higher roles within the police force or as senior executives in state-owned companies either in your country of residence or a foreign government? ____**Yes or** ____**No**

If you have ticked "Yes" to any of the above, please state _____

Date:_____

Signature of Applicant: _____ **Barita Representative:** _____

THIS SECTION FOR BARITA OFFICE USE ONLY

Advisor's Name _____ Initial Contribution Received $ _____

Approved by:_____ Assigned Member ID:_____