



New Entrant Enrolment Form		JMMB Retirement Scheme 6 Haughton Terr, Kgn 10; Email: JMMBPensions@jmb.com ; Tel. 998-5662		
Title:	First Name:	Middle Name	Surname:	
Residential Address:				
Mailing Address:				
Tel. Home:	Tel. Work:	Cell:	E-mail address:	
Date of Birth	Occupation:			
Gender: M/F	Normal Retirement Age		Expected Retirement Date	
NIS number:	TRN #:	Marital status: Married, Single, Divorced or Widowed		
Identification type			Identification #	
Expiry date of Identification			Country of Identification:	
Indicate one fund strategy	Conservative Fund	Aggressive Fund	Moderate Fund	
Maximum member contribution is 20% of salary (Ja.\$) Please indicate preferred contribution frequency below:				
Annual	Semi-Annual	Quarterly	Monthly	Weekly
Annual Taxable Salary		Contribution (%) or	Contribution Amount	
Company Information (where applicable)				
Enrolment Date dd/mm/yy	Retirement Scheme Name		Retirement Scheme A/c #	
Name of Employer:				
Employer's address:				
Employer's Tel. Num:	Employer's contribution to Scheme: _____% of salary OR Employer's contribution to Scheme: \$ _____			
_____	_____	Position:	Company's stamp/seal	
Authorized Officer (Employer)	Signature			



Reverse Side of New Entrant Enrolment form

Name of Applicant _____		Applicant's Retirement Scheme A/C #	
Beneficiary 1	Name:		Occupation:
	Address:		
	Date of Birth:	Relation to applicant:	Proportion ____ %
Beneficiary 2	Name:		Occupation:
	Address:		
	Date of Birth:	Relation to applicant:	Proportion ____ %
Beneficiary 3	Name:		Occupation:
	Address:		
	Date of Birth:	Relation to applicant:	Proportion ____ %
Beneficiary 4	Name:		Occupation:
	Address:		
	Date of Birth:	Relation to applicant:	Proportion ____ %
Beneficiary 5	Name:		Occupation:
	Address:		
	Date of Birth:	Relation to applicant:	Proportion ____ %
<p><i>Please indicate method of delivery for your JMMB RS Welcome Package:</i></p> <p> <input type="radio"/> Mail <input type="radio"/> Email <input type="radio"/> Pick-up at: <input type="checkbox"/> HT <input type="checkbox"/> KB <input type="checkbox"/> PM <input type="checkbox"/> MD <input type="checkbox"/> SC <input type="checkbox"/> MP <input type="checkbox"/> OC <input type="checkbox"/> MB </p>			
<p><i>I, the above named applicant authorize my Employer if applicable, to deduct from my salary the contributions set out overleaf. I hereby declare that I am not now an active member of a superannuation fund or retirement scheme and if that should change I will provide notification to the Trustees of the retirement scheme, in writing of such change. I hereby certify that the information contained in this Form is complete and accurate to the best of my knowledge.</i></p>			
Signature of Applicant			Date:
Name & Signature of JMMB Staff Agent			Date:
Name & Signature of JMMB Approving Officer			Date: