## **COOK ISLANDS PENSION REGISTRATION FORM**



## MINISTRY OF INTERNAL AFFAIRS

WELFARE DIVISION

PO Box 98, Avarua, Rarotonga

welfare@cookislands.gov.ck

IF YOU DO NOT HAVE A	N RMD	NU	MBEI	₹:							Office	e Use	Only			
Please answer all the questions, make sure you sign the declaration, and in photocopy of your birth certificate or passport with your application							lude	а								
pnotocopy of your birth certificate	or passp	ort w	utn your ——	аррис	atior	า .			R	MD n	umber	issue	d / co	nfirme	ed	
1. What is your <b>name</b> ? Title	Mr	Mrs	Ms		Oth	er										
Surname															1	
Sumame	<u> </u>															
First name(s)																
2. If you have every used enother		1			T	1									 ]	
If you have ever used another or maiden name show it here																
— Indicentialite show ithere															! 	
3. Mailing address - Print																
your usual mailing address																
4. Email address - if available																
5. Your Accountant's Name															1	
and <b>Address</b> (only if you																
have an accountant)																
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6. <b>Telephone number</b> Work	6 8	2	<u> </u>						Pieas	se pr	ovide	acc	рру о	i you		
Home	6 8	2	J L						F	Pass						
7. What is your date of birth?										OF						
day month							Birth Certificate Birth Certificate									
for Everyone to fill in:																
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<ul><li>8. RMD number (if obtained)</li><li>9. Estimated annual income (not in</li></ul>	cluding pe	ensio	l <u>       l                            </u>	_	_	l Islaı	L nds sı									
if you are aged 60 - 69	:				i	if yo	u are	age	d 70	or at	oove:		-			
between \$0 and \$5,000							between \$0 and \$2,550									
between \$5,001 and \$24,000							between \$2,551 and \$21,550									
between \$24,001 and \$74,000							between \$21,551 and \$71,550									
\$74,001 or above							\$71,551 or above									
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10. Declaration																
I declare that the information given on this									•					inistr	y of	
Finance and Economic Manage	ment, to Sf	iai e i i i	IN LINID U		iiu lax	, coo	ie Mitu	uie	IVIIIIS	uy Ol	mem	ai All	ans.		1	
Signature						l	Date									