



Early Release : Redundancy Application Form

[Retirement Fund ACT (S12), Retirement Fund (Administration) Regulation 5(7)(a)]

A. PARTICULARS OF APPLICANT

Member's Name: _____ Member IC: _____
(Hingoa)

Ministry/Department: _____ Phone No.: _____
(Potungaue) (Telefoni)

Effective Date of Ceased Service: _____ Address: _____
(Aho e ngata ai ho'o ngaue) (Tu'asila)

Reason for this application. _____
(UHINGA 'o e kole ni)

B. CHECKLIST

Application Form

Letter from the Public Service Commission confirming the Member's Redundancy from the Civil Service

C. BENEFIT PAYMENT

Lump

Allocated Pension

D. METHOD OF BENEFIT PAYMENT

Cheque

(Sieke)

Bank Account
(Akauni Pangike)

Account Name: _____
(Hingoa 'o e 'Akauni)

A/C No.: _____
(Fika 'Akauni)

Name of Bank: _____
(Hingoa 'o e Pangike)

Bank Address: _____
(Tu'asila 'o e Pangike)

Any resulting Bank Fees will be deducted from the Member's Leaving Service Benefit
(Kapau 'oku 'i ai ha ngaahi totongi Pangike 'e to'o ia mei he ngaahi monu'ia 'o e Memipa.)

E. DECLARATION

I hereby indemnify the Retirement Fund Board from any liability whatsoever, including any loss of benefits that may arise as a consequence in acceding and approving my application for Early Release of my benefits.
('Oku ou faka'ata 'a e Poate ki he Pa'anga Malolo mei ha nga'ahi mo'ua pe kau ai 'a e mole 'a 'eku monu'ia malolo mei he ngaue tu'unga 'i he tohi kole ni)

Signature: _____
(Fakamo'oni 'a e Memipa)

Date: _____
(Aho)

