

## Early Release: Migration Application Form [Retirement Fund ACT 1998 (S12), Retirement Fund (Administration) Regulation 5(7)(c) 1999]

A. PARTICULARS OF APPLICANT	2. Member IC:				
1. Member's Name:	(Fika Memipa)				
(Hingoa)	<b>4.</b> Phone No.: ( <i>Telefoni</i> )				
3. Ministry/Department:(Potungaue)	<b>6.</b> Address:				
5. Date of Birth: ('Aho fa'ele'i)	(Tu'asila)				
7. Effective Date of Ceased Service: ('Aho e ngata ai ho'o ngaue)	8. Email:				
B. VISA INFORMATION					
Tongan Passport Holders					
9. I am Migrating to City:  (Kolo)	Country:(Fonua)				
10. Passport No.: Date of Issue:  (Fika Paasipooti)  Type of Vises	Expiry Date:				
11. Visa No.:					
(Fika Visa)  12. Address in Country of Migration:					
12. Address in Country of Migration:  13. I am enclosing the certified copies of the relevant pages of my Passport and travel/residency documents.					
Fourign Desenout Holders					
Foreign Passport Holders  14. Citizenship:					
15. Passport No.: Date of Issue:	Expiry Date:				
16. I am enclosing certified copies of relevant pages of my					
17. I am enclosing the Cabinet / PSC decision on my resign	nation/dismissai.				
C. METHOD OF BENEFIT PAYMENT (Founga 'o e totong	i)				
	A/C No.:				
(Sieke)	(Fika 'Akaunt)				
	Name of Account: (Hingoa'o e'Akauni)				
	Name of Bank: (Hingoa'o e Pangike) ————————————————————————————————————				
	Bank Address: (Iu asila o e Pangike) ————————————————————————————————————				
Bank Fees will be deducted from your Leaving Service Benefit .	(14 usita 0 e 1 ungine)				
(Kapau 'oku 'i ai ha ngaahi totongi Pangike 'e to'o ia mei he ngac	ihi monu'ia 'o e Memipa.)				
D. DECLARATION					
I hereby indemnify the Retirement Fund Board from any liability					
consequence in acceding and approving my application for the early release of my retirement 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)					
20. Signature:	Date:				
(Fakamo'oni ʻa e Memipa)	('Aho)				

Official Use Only	Member IC		
Checked by: Name of RFB Officer:	Verified by: Operations Manager:		
	Recommendations		
Approved Not Approved			
Decision by: Chief Executive Officer:	Date:		