

Retirement Fund Board

Early Release : Preserved Members Migration Application Form

[Retirement Fund Act 1998 (S12), Retirement Fund (Administration) Regulation 5(7)(c) 1999]

A. PARTICULARS OF APPLICANT (Ngaahi fakamatala jekau'aki mo e tokotaha kole)

Member's Name: _____
(Hingoa)

Ministry/Department: _____
(Potungaue)

Date of Birth: _____
(Aho fa'ele'i)

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

Member IC: _____
(Fika Memipa)

Phone No.: _____
(Telefoni)

Address: _____
(Tu'asila)

Email: _____

B. VISA INFORMATION Tongan Passport Holders

I am Migrating to: City: _____ Country: _____
(Kolo) (Fonua)

Passport No.: _____ Date of Issue: _____ Expiry Date: _____
(Fika Paasipooti)

Visa No.: _____ Type of Visa: _____
(Fika Visa)

Address in Country of Migration: _____

I am enclosing the certified copies of the relevant pages of my Passport and travel/residency documents.

Foreign Passport Holders

Citizenship: _____

Passport No.: _____ Date of Issue: _____ Expiry Date: _____

I am enclosing certified copies of relevant pages of my Passport.

I am enclosing the Cabinet / PSC decision on my resignation/dismissal.

C. METHOD OF BENEFIT PAYMENT (Founga 'o e totongi)

Cheque (Sieke) Bank Account (Akauni Pangike)

A/C No.: _____
(Fika Akauni)

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

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

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

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

D. DECLARATION

I hereby indemnify the Retirement Fund Board from any liability whatsoever, including any loss of benefit that may arise as a 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 Mālōlō mei ha nga'ahi mo'ua pe kau ai 'a e mole 'a 'eku monu'ia mālōlō mei he ngaue tu'unga 'i he tohi kole ni)

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

Date: _____
(Aho)

Official Use Only

Member IC _____

Checked by: _____ Verified by: _____
Benefit & Claims Officer: _____ Operations Manager: _____

Recommendations

Approved Not Approved

Decision by: _____
Chief Executive Officer: _____

Date:

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