



## APPLICATION FOR INSTALLMENT PAYMENT FORM

[Retirement Fund Amendment Act 2000, Section 5]

**A.**

### 1. Retiree Details:

Name: \_\_\_\_\_  
*(Hingoa) (surname)/(hingoa fakafamili) (given names)/(hingoa 'uluaki)*

Address: \_\_\_\_\_  
*(Tu'asila)*  
 \_\_\_\_\_  
 \_\_\_\_\_

Contact: *(Fetu'utaki)*

- Telephone Number \_\_\_\_\_  
*(Telefoni)*
- Email Address \_\_\_\_\_  
*(Tu'asila Imeili)*
- Contact Person \_\_\_\_\_  
*(Tokotaha Fetu'utaki)*

**B.**

2. Retirement Benefit payable amount: \$ \_\_\_\_\_  
*(Katoa ho'o monuia)*

3. First payment amount: \$ \_\_\_\_\_  
*(if necessary)*  
*('Uluaki kongā he totoni atu)*

4. Total Installment Payment Benefit: \$ \_\_\_\_\_  
*(No. 2 less No.3)*  
*(Fakakatoa 'oku kei hoko atu hono tauhi)*

**C.**

### 5. Installment Payment terms of agreement:

- a) Longevity \_\_\_\_\_ years  
*(loloa)*
- b) Terms of Payment: Fortnightly  Monthly  Annually   
*(taimi totoni)*
- c) Allocated Amount: \$ \_\_\_\_\_ per terms of payment  
*(lahi e pa'anga)*
- d) Method of Payments: Cheque  Bank Account   
*(founga totongi)*

**D.**

### 6. Beneficiary:

a) Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*(Hingoa) (surname)/(hingoa fakafamili) (given names)/(hingoa 'uluaki) ('Aho Fa'ele'i)*

Relationship: \_\_\_\_\_ Share \_\_\_\_\_  
*Fekau'aki mo e memipa) ('Inasi)*

b) Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Hingoa) (surname)/(hingoa fakafamili) (given names)/(hingoa 'uluaki) ('Aho Fa'ele'i)

Relationship: \_\_\_\_\_ Share \_\_\_\_\_  
(Fekau'aki mo e memipa) ('Inasi)

c) Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Hingoa) (surname)/(hingoa fakafamili) (given names)/(hingoa 'uluaki) ('Aho Fa'ele'i)

Relationship: \_\_\_\_\_ Share \_\_\_\_\_  
(Fekau'aki mo e memipa) ('Inasi)

**E.**

**7. Declaration:**  
(Fakaha)

I acknowledge that:  
(*'Oku ou fakaha*)

- i. I understand all the above-named conditions and requirement;  
(*'Oku ou mahino'i kotoa e ngaahi makatu'unga mo e fiema'u 'i'olunga*)
- ii. The information on this form is correct; and  
(*'Oku tonu 'a e ngaahi fakamatala*)
- iii. I will abide with the above terms of this agreement  
(*Teu talangofua kakato ki he ngaahi aleapau ko eni*)

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
(surname) (given names)

Date: \_\_\_\_\_

**8. Witness:**

Signature: \_\_\_\_\_  
(Fakamooni)

Name: \_\_\_\_\_  
(surname) (given names)

Date: \_\_\_\_\_

**Official Use Only**

Benefit & Claims Officer \_\_\_\_\_

Verified by:  
Operations Manager: \_\_\_\_\_

**Recommendations**


Approved  Not Approved

Decision by:

Chief Executive Officer: \_\_\_\_\_

Date: \_\_\_\_\_