



APPLICATION FOR INSTALLMENT PAYMENT FORM

1. Retiree Details:

Name: _____
(surname) (given names)

Address: _____

Contact:

- Telephone Number _____
- Email Address _____
- Contact Person _____

2. Retirement Benefit payable amount: \$ _____

3. First payment amount: \$ _____
(if necessary)

4. Total Installment Payment Benefit: \$ _____
(No. 2 less No.3)

5. Installment Payment terms of agreement:

- a) Longevity _____ years
- b) Terms of Payment: Fortnightly Monthly Annually
- c) Allocated Amount: \$ _____ per terms of payment
- d) Method of Payments: Cheque Bank Account

6. Beneficiary:

Name: _____
(surname) (given names)

Relationship: _____

7. Declaration:

I acknowledge that:

- i. I understand all the above-named conditions and requirement;
- ii. The information on this form is correct; and
- iii. I will abide with the above terms of this agreement

Signature: _____

Name: _____
(surname) (given names)

Date: _____

8. Witness:

Signature: _____

Name: _____
(surname) (given names)

Date: _____