

Allocated Pension Disbursement Application Form

[Retirement Fund Amendment), Act 2000, Section 5]

(A.) PARTICULARS OF APPLICANT	
(Ngaahi fakamatala fekau'aki mo e tokotaha kole)	
Member's Name:	Member IC:
(Hingoa)	(Fika Memipa)
Ministry/Department:	Phone No.: (<i>Telefoni</i>)
(Potungaue)	
	Address:
Effective Date of Ceased Service:	(Tu'asila)
('Aho e ngata ai ho'o ngaue)	
A	E
Amount: (Lahi 'o e Pa'anga 'oku fiema'u)	Email:
(Luni Gera anga Granjiema a)	
B. CHECKLIST	
(Ngaahi me'a 'oku fiema'u)	
, game at a stary and a	
Balance as before disbursement as at	\$
METHOD OF BENEFIT PAYMENT	
(Founga 'o e totongi)	
Cheque Bank Accoun	t L
(Sieke) (Akauni Pangi	
Account Nam (Hingoa 'o e	
A/C No.:	
(Fika 'Akauni)	
Name of Ban	ķ:
(Hingoa 'o e	
Bank Address	
(Tu'asila 'o e	Pangike)
	Bank Fees will be deducted from the Member's
Bank Accoun	t accordingly 'i ai ha ngaahi totongi Pangike 'e to'o ia mei he
'Akauni 'o e l	
	• '
DECLARATION	
(D.) DECLARATION (Fakaha)	
I hereby indemnify the Retirement Fund Board from any liability whatsoever, i	including any loss of benefit that may arise as a
consequence in acceding and approving my application for the early release of	
Poate ki he Pa'anga Malolo mei ha nga'ahi mo'ua pe kau ai 'a e mole 'a 'eku kole ni)	monu'ia malolo mei he ngaue tu'unga 'i he tohi
Kole ni)	
Signature: (Fakamo'oni 'a e Memipa)	Date:
(Гикито от и е метири)	('Aho)

Checked by: Benefi &Claims Officer:	Verified by: Operations Manager:
	Comments & Recommendations
Approved Not Appro	ved