



Early Release – Compassionate Ground: COVID-19 Pandemic Financial Assistance Application Form

[Retirement Fund ACT (S12), Retirement Fund (Administration) Regulation 5(7),(c), Retirement Fund (Administration)/(Amendment) (No. 2), Board Meeting No. 3 2011/2012 on 25th November 2011 and Board Decision via Circulation No.2-2019/2020

A. PARTICULARS OF APPLICANT

(Ngaahi fakamatala fekau 'aki mo e tokotaha kole)

Member's Name: _____
(Hingoa)

Member IC: _____
(Fika Memipa)

Ministry/Department: _____
(Potungaue)

Phone No.: _____
(Telefoni)

Address: _____
(Tu 'asila)

Email: _____
(Imeili)

Request for Financial Assistance of \$1,000.00 from my Leaving Service Benefit(LSB) OR balance of LSB if <\$1,000.00

(Kole ki ha tokoni fakapa'anga 'o fe'unga moe pa'anga 'e \$1,000.00 mei he 'eku Monu'ia Malolo mei he Ngaue, pe ko e palanisi 'o 'eku Monu'ia Malolo mei he Ngaue 'o kapau 'oku si'i hifo he \$1,000.00)

B. CHECKLIST

(Ngaahi me'a 'oku fiema'u)

- Confirmation from Supersoft that Applicants is a Member
(Fakapapau'i koe Memipa)
- Member has not applied under this Compassionate Ground previously
(Fakapapau'i 'oku te'eki kole mai ki he polokalama tokoni ki mu'a)
- Application received on or before 30th June 2020
(Oku ma'u mai 'a e tohi kole ni 'o ikai toe tomui ange he 'aho 30 Sune, 2020)

C. METHOD OF BENEFIT PAYMENT

(Founga hono totongi)

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)

Any Bank Fees will be deducted from your disbursement .

(Kapau 'oku 'i ai ha ngaahi totongi Pangike 'e to'o ia mei he Pa'anga ko 'eni kuo tukuatu.)

(Fakaha / Fakapapau)

D. DECLARATION

I hereby indemnify the Retirement Fund Board from any liability whatsoever, including any loss of benefits that may arise as a consequence in acceding and approving my application for Early Release of my benefits.
('Oku ou faka'ata 'a e Poate Sino 'i Pa'anga Malolo mei he Ngaue 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)

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

Date: _____
('Aho)

Official use Only

Member Status: Current Deferred

Total LSB Balance as at date of application: \$ _____

Account Balances as at date of application:

Total Loan Balance as at date of application: \$ _____

TVA: \$ _____

MEA: \$ _____

MBA: \$ _____

MVA: \$ _____

Total amount to be disbursed: \$ _____

