



Early Release Compassionate Ground: Preserved Member COVID-19 Pandemic Mortgage Loan Repayment Arrears Application Form

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

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

Member IC: _____
(Fika Memipa)

Member's Name: _____
(Hingoa)

Date of Birth _____
(Aho Fa'ele'i)

Last Ministry/Department: _____
(Potungaue fakamuimui)

Phone No.: _____
(Telefoni)

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

Email: _____
(Imeli)

Address: _____
(Tu'asila)

B. CHECKLIST (Ngaahi me'a 'oku fiema'u)

- Applicant is a Preserved Member
(Memipa kuo 'osi malolo mei he ngaue)
- Facing financial difficulties in repaying his/her Home Mortgage Loan commitments due to the COVID-19 Pandemic
(Oku faingata'a'ia e Memipa he ta fakafoki 'ene No Fale Nofu'anga koe'uhi koe COVID19)
- Member has not applied under this hardship grounds (Condition No. 9.b) previously
(Oku te'eki ke kole mai e Mempipa he founa ni ki mu'a)

C. BANK LOAN DETAILS

Bank Name _____
(Pangike)

A/C No.: _____
(Fika 'Akauni)

Account Name: _____
(Hingoa he 'Akauni)

Type of Loan _____ Term _____ Interest Rate _____
(Fa'ahinga 'o e No) (Teemi) (Totongi tupu)

Monthly Loan Repayment _____
(Totongi fakafoki fakamahina)

D. AMOUNT REQUESTED (Pa'anga 'oku fiema'u)

Note: Maximum is 12 months worth of Loan Repayments
(Koe lahi taha 'e ala kole koe totongi no mahina e 12)

Repayment in Arrears (in nearest month) _____ Amount _____
(Totongi No kuo tomui - mahina) (Pa'anga)

Future Repayment requested (in nearest month) _____ Amount _____
(Totongi No ki he kaha'u 'oku fiema'u - mahina) (Pa'anga)

Total Repayment requested (in nearest month) _____ Amount _____
(Katoa 'o e Totongi No 'oku fiema'u - mahina) (Pa'anga)

Official Use Only

Assessor's Comments: _____

Total Repayment amount recommended (in nearest month) _____ Amount _____

E. DECLARATION
(Fakaha)

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 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)

Signature: _____

(Fakamo’oni ‘a e Memipa)

Date: | | | | | | | |

(‘Aho)

Official Use Only

Checked by:

Benefit & Claims Officer: _____

Verified by:

Operations Manager: _____

Comments & Recommendations

Approved

Not Approved

Decision by:

Chief Executive Officer: _____

Date: | | | | | | | |