



Leaving Service Benefit Application Form

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

A. PARTICULARS OF APPLICANT

Member's Name: _____ Member IC: _____
(Hingoa)

Ministry/Department: _____ Phone No.: _____
(Potungaue) (Telefoni)

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

Reason for this application. _____ Email: _____
(Uhinga 'o e kole ni)

B. CHECKLIST

Application Form Letter from the PSC confirming Member's Retirement

C. BENEFIT PAYMENT

Lump Allocated Pension

D. METHOD OF BENEFIT PAYMENT

(Founga 'o e totongi)

Cheque
(Sieke)

Bank Account
(Akauni Pangike)

Account Name:

(Hingoa 'o e Akauni)

A/C No.:

(Fika Akauni)

Name of Bank:

(Hingoa 'o e Pangike)

Bank Address:

(Tu'asila 'o e Pangike)

Any resulting Bank Fees will be deducted from the Member's

Bank Account accordingly

(Kapau 'oku 'i ai ha ngaahi totongi Pangike 'e to'o ia mei he
'Akauni 'o e Memipa.)

E. DECLARATION

I hereby indemnify the Retirement Fund Board from any liability whatsoever, including any loss of benefit that may arise as a consequence in acceding and approving my application for the early release of my retirement benefits. ('Oku ou faka'ata 'a e Poate ki he Pa'anga Malolo 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)

