RFB 3

Retirement Fund Board

Leaving Service Benefit Application Form (Attained Retirement Age)

[Retirement Fund Act (S12), Retirement Fund (Administration) Regulation 5 (4)1999]

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

Member's Name: _____
(Hingoa)

Ministry/Department: _____
(Potungaue)

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

Member IC: _____
(Fika Memipa)

Phone No.: _____
(Telefoni)

Address: _____
(Tu'asila) _____

Email: _____
(Imeili) _____

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

_____

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

☐ Application Form *(Foomu kole)*

☐ PSC/ Appropriate Authority decision *(Tu'utu'uni)*

☐ Attained Retirement Age *(A'usia Ta'u Penisoni)*

C. METHOD OF BENEFIT PAYMENT
(Founga 'o e totongi)

☐ Cheque *(Sieke)*

☐ Bank Account *(Akauni Pangike)*

Account Name: _____
(Hingoa 'o e 'Akauni)

(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.)

D DECLARATION
(Fakaha)

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 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: _____

Recommendations

☐ Approved ☐ Not Approved

Decision by:
Chief Executive Officer: _____

Date: | | | | | | | | |