



Leaving Service Benefit Application Form (Attained Retirement Age)
[Retirement Fund ACT (S12), Retirement Fund (Administration) Regulation 5 (4)]

A. PARTICULARS OF APPLICANT

Member's Name: _____
(Hingoa)

Member IC: _____

Ministry/Department: _____
(Potungaue)

Phone No.: _____
(Telefoni)

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

Address: _____
(Tu'asila)

Reason for this application.
(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)
(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'onī 'a e Memipa)

Date: _____
(Aho)

