RFB4

Death Benefit Application Form

(Retirement Fund (Administration) Regulations 1999, Section 6(1),(2),(3),(4))

A. Name of Deceased: _____ Member IC: _____
(Hingoa 'ae Pekia)

Ministry/Department: _____
(Potungaue)

Name of Beneficiary: _____ Phone No.: _____
(Hingoa 'a e ma'u monu'ia)

Relationship to Deceased: _____
(Fekau'aki mo e pekia)

Date of Birth ☐☐☐☐☐☐ Date of Death: ☐☐☐☐☐☐
('Aho fa'ele'i) *('Aho pekia)*

B. Documentations Checklist

- ☐ Deceased's Birth Certificate *(Tohi fa'ele'i 'o e pekia)*
- ☐ Deceased's Death Certificate *(Tohi pekia)*
- ☐ Marriage Certificate *(Tohi mali/ta'ane)*
- ☐ Death Certificate of Spouse *(Tohi pekia 'oe uaifi/husepaniti)*
- ☐ Court confirmation of Legal Beneficiary *(Fuakava mei he Fakamaau'anga)*
- ☐ Birth Certificates of Legitimate Children *(Tohi ta'u 'o e fanau mali)*
- ☐ Letter from Public Service Commission confirming death *(Tohi fakapapau'i pekia mei he Komisoni Kau Ngaue Fakapule'anga)*
- ☐ Certificate of Divorce *(Tohi Vete)*

C. Receipt of Payment
(Founga ma'u monu'ia)

D. Method of Benefit Payment
(Sieke) *('Akauni Pangike)*

☐ Cheque ☐ Bank Account
Account Name: _____
Bank Name: _____
(Pangike)
A/C No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(Fika 'Akauni)

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.)

Signature of Beneficiary: _____ Date: ☐☐☐☐☐☐
(Fakamo'oni ma'u monu'ia) *('Aho)*

Official Use Only

Member IC _____

Checked by:
Name of RFB Officer: _____

Verified by:
Operations Manager: _____

Recommendations

☐ Approved ☐ Not Approved

Decision by:
Chief Executive Officer: _____ Date: ☐☐☐☐☐☐