



Death Benefit Application Form (Member)
(Retirement Fund (Administration) Regulations 1999)

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

Name of Deceased: _____ Member IC: _____
(Hingoa 'ae Pekia) (Fika Memipa)

Ministry/Department: _____

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

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

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

B. DOCUMENTATIONS CHECKLIST

- | | |
|---|---|
| <input type="checkbox"/> Deceased's Birth Certificate
(Tohi fa'ele'i 'o e pekia) | <input type="checkbox"/> Court confirmation of Legal Beneficiary
(Fuakava mei he Fakamaau'anga) |
| <input type="checkbox"/> Deceased's Death Certificate
(Tohi pekia) | <input type="checkbox"/> Birth Certificates of Legitimate Children
(Tohi ta'u 'o e fanau mali) |
| <input type="checkbox"/> Marriage Certificate
(Tohi mali/ta'ane) | <input type="checkbox"/> Letter from Public Service Commission confirming death
(Tohi fakapapau'i pekia mei he Komisoni Kau Ngaue Fakapule'anga) |
| <input type="checkbox"/> Death Certificate of Spouse
(Tohi pekia 'oe uaifi/husepaniti) | <input type="checkbox"/> Certificate of Divorce
(Tohi Vete) |
| <input type="checkbox"/> Application Form
(Foomu kole) | |

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

- Cheque (Sieke) Bank Account ('Akauni Pangike)
- Account Name: _____
(Hingoa 'o e 'Akauni)
- 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.)

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

Official Use Only

Benefit & Claims Officer _____ Verified by: _____
Operations Manager: _____

Recommendations

Approved Not Approved

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