



Death Benefit Application Form (No Insurance)
[Retirement Fund (Administration) Regulations 1999, Section 6(1),(2a (i-v)), (3a&b), (4)]

A. PARTICULARS OF APPLICANT

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

Ministry/Department: (Potungaue)

Date of Birth: ('Aho fa'ele'i)

Date of Death: ('Aho pekia)

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

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

B. DOCUMENTATIONS CHECKLIST

Deceased's Birth Certificate (Tohi fa'ele'i 'o e pekia)

Court confirmation of Legal Beneficiary (Fuakava mei he Fakamaau'anga)

Deceased's Death Certificate (Tohi pekia)

Birth Certificates of Legitimate Children (Tohi ta'u 'o e fanau mali)

Marriage Certificate (Tohi mali/ta'ane)

Letter from Public Service Commission confirming death (Tohi fakapapau'i pekia mei he Komisoni Kau Ngaue Fakapule'anga)

Death Certificate of Spouse (Tohi pekia 'oe uaifi/husepaniti)

Letter from Public Service Commission confirming ceased service (Tohi fakapapau'i ikai toe ngaue mei he Komisoni Kau Ngaue Fakapule'anga)

C. METHOD OF BENEFIT PAYMENT

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 na ngaahi totongi Pangike 'e to'o ia mei he 'Akauni 'o e Memipa.)

D.

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

Official Use Only

Member IC

Benefit & Claim Officer: Verified by: Operations Manager:

Comments & Recommendations

Approved Not Approved

Decision by:

Chief Executive Officer:

Date: