



Early Release : Medical Grounds Application Form

[Retirement Fund ACT (S12), Retirement Fund (Administration) Regulation 5(7),(b)]

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)

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

B. CHECKLIST

Application

Letter from the Public Service Commission confirming the Member's deferment from the Civil Service

C. METHOD OF BENEFIT PAYMENT

(Founga 'o e totongi)

Cheque
(Sieke)

Bank Account
(Akauni Pangike)

Account Name: _____
(Hingoa 'o e Akauni)

A/C No.: _____
(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 Leaving Service Benefit

(Kapau 'oku 'i ai ha ngaahi totongi Pangike 'e to'o ia mei he ngaahi monu'ia 'o e Memipa.)

E. DECLARATION

I hereby indemnify the Retirement Fund Board from any liability whatsoever, including any loss of benefits that may arise as a consequence in acceding and approving my application for Early Release of my 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'oni 'a e Memipa)

Date: _____
(Aho)

