RFB9

Early Release : Transfer Cashable Account Application Form

[Retirement Fund ACT 1998 (S12), Retirement Fund (Administration) Regulation 5(8)(c) 1999]

A. PARTICULARS OF APPLICANT

1. Member's Name: _____
(Hingoa)

2. Phone No.: _____
(Telefoni)

3. Ministry/Department: _____
(Potungaue)

4. Address: _____
(Tu'asila)

5. Date of Birth: |_|_|_|_|_|_|
('Aho fa'ele'i)

6. Effective Date of Ceased Service: |_|_|_|_|_|_|
('Aho e ngata ai ho'o ngaue)

B. DOCUMENTATIONS CHECKLIST:

☐ **7.**Application
(Foomu)

☐ **8.** PSC Decision
(Tohi tu'utu'uni mei he PSC)

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

☐ **9.** Cheque
(Sieke)

☐ **10.** Bank Account
(Akauni Pangike)

A/C No.: |_|_|_|_|_|_|_|_|_|_|_|_|
(Fika 'Akauni)

Name of Account: . _____
(Hingoa 'o e 'Akauni)

Name of Bank: . _____
(Hingoa 'o e Pangike)

Bank Address: . _____
(Tu'asila 'o e Pangike)

Bank Fees will be deducted from your Leaving Service Benefit .
(Kapau 'oku 'i ai ha ngaahi totongi Pangike 'e to'o ia mei he ngaahi monu'ia 'o e Memipa.)

D. 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'oni 'a e Memipa)

Date: |_|_|_|_|_|_|
('Aho)

Official Use Only

Checked by:
Benefit & Claims Officer: _____

Verified by:
Operations Manager: _____

Recommendations

☐ Approved ☐ Not Approved

Decision by:
Chief Executive Officer: _____

Date: | | | | | | | | |