

9B



FIJI NATIONAL PROVIDENT FUND
FII NAŌIONAL PAOVIDENT FUND

APPLICATION TO WITHDRAW

NOMINEE

Name of Nominee

Date

We wish to inform you that the late

had nominated you as a beneficiary to receive his/her Provident Fund contributions in the event of death.

Please complete the claim form (overleaf) and return to the FNPf office in either Suva, Lautoka or Labasa. Please read the **Explanatory Notes** before filling the form.

for General Manager

Attach certified copy of
birth certificate

General Information

We have provided the information below to help you understand what is requested from you, and how your application will be handled once it is lodged with FNPF.

1. Who complete this application?

This form is to be completed by a person nominated by the deceased member to receive his/her contributions. The FNPF upon receiving the death and marriage certificates, would send the form directly to the nominees as shown on our records. The witness should not be an immediate family member.

2. Deciding on your application:

In order to avoid delays, please complete the form correctly. Attach all the documents you are asked to submit. Read the explanatory notes before completing the application. Incorrect or misleading information may result in the refusal of your application or cause undue delay.

3. Processing Time:

Your application will take 4 to 6 weeks to process. Further delays occur if other nominees have not submitted their forms. In case of a sole nominee is the spouse a pension option form will be sent to you and payment will be made after receipt of this form.

4. Nomination:

If there more than one nominee, a lump sum will be paid to each of the each of the nominee in accordance with the wishes of the deceased. If you are the sole nominee you will be sent option form later giving details of the 4 options under which you can withdraw. A nominee (other than a spouse) under the age of 18 is regarded as a minor. If a nominee is under 18 years of age the funds will be paid to the Public Trustee. The guardian of the nominee will need to contact the public Trustee regarding the nominee's funds. (For further information please request for our leaflet 'Withdrawal by Nominee'.)

5. How to lodge this application:

Your completed application may be lodged at any of the FNPF offices Suva, Lautoka or Labasa or sent by mail to one of the addresses below.

All Correspondence to be addressed to the General Manager & Chief Executive

Head Office

Provident Plaza 2
Private Mail Bag
Suva
Telephone: (679) 330 7811
Facsimile: (679) 330 7611

Lautoka

Drasa Avenue
Private Mail Bag
Lautoka
Telephone: (679) 666 1888
Facsimile: (679) 666 5232

Labasa

Rosawa Street
Private Mail Bag
Labasa
Telephone: (679) 881 2111
Facsimile: (679) 881 2741

Valelevu Agency

Valelevu Complex Building
Saqa Place
Valelevu
Telephone: (679) 3343 671
Facsimile: (679) 3343 670

Nadi Agency

Shop 2 Lalidhar Arcade
Namaka Lane
Nadi
Telephone: (679) 672 8981
Facsimile: (679) 672 8982

Savusavu Agency

Budget Lodge Building Ltd
Main Street
Savusavu
Telephone: (679) 885 3396
Facsimile: (679) 885 3397

Ba Agency

Ganga Singh Street, Ba
Telephone: (679) 667 0003

Email: information@fnpf.com.fj Website: www.myfnpf.com.fj

Explanatory Notes

A1-2. Name & FNPF No.:

The name & FNPF number of the deceased is pretyped for your information. If the information is incorrect you should inform the FNPF office immediately.

B3. Full name:

The name of the nominee is pretyped to ensure that the form is completed and signed by the nominated individual.

4. Date of birth:

Your date of birth as shown your birth certificate. Incorrect information will lead to delays, as it will lead to queries. Attach a copy of your birth certificate.

5. Telephone:

The telephone number you give should be the one on which we could quickly contact you if we need to speak to you urgently.

6. FNPF Number:

If you are a member of FNPF, please enter your membership number. If you are not a member, then write 'NIL'.

7a. Mailing address:

This should be your mailing address in Fiji where correspondence may be sent. For cheque mailing refer *Section C. Question 9-10*

7b. Email address

An email contact should you wish to receive correspondence via email.

8. If under 18:

Provide the full name and address of your parent or guardian.

C Method of payment

There are 2 methods of payment. Remember that a cheque cannot be assigned to anyone other than a nominee. Where nominee is under 18, payment will be made to the Public Trustee.

9. Mailing method:

Your cheque will be sent by registered mail to the address you provide.

10. Bank deposit:

If you prefer your cheque to be deposited in your account, please ensure that your bank account number is correctly written on the form. Note that your cheque cannot be deposited into an account other than your own.

D. Declaration:

Thumbprint/Signature: Your application will not be considered valid unless it is signed and witnessed.

APPLICATION TO WITHDRAW

NOMINEE

Please read these notes.

- Before you fill this form, please read the explanatory notes on the page opposite.
- If you make any false statement you commit an offence and not only will your application be denied, you may also be prosecuted.

A. 1. Name of deceased

2. FNP Number

B. Personal data of nominee

3. Name

Relationship

4. Date of Birth

Day / Month / Year

5. Phone Contact (if any)

Home
Work

6. FNP Number (if a member)

7a. Mailing address

7b. E-mail address

8. If under 18 year of age provide name & address of parent/guardian (N.B funds will be payable to public trustee)

C. Method of payment

How would you like your cheque paid to you?

(Please place a 'tick' in the appropriate box)

9. Mail the following address

10. Deposit into my bank account. (Please attach current bank statement)

Name of bank

Account No.

D. Declaration

I declare that I have read, understand, and answered all the questions and the particulars provided by me are complete and correct.

Left Thumbprint

Signature of Nominee

Date

Day / Month / Year

Signature of Witness (To Nominee's Signature & Thumbprint)

Print Name & Address of Witness

OFFICE USE ONLY

Name of nominee of FNPF 5

Date of birth

Day / Month / Year

Nomination date

Day / Month / Year

Share

Date of marriage of deceased

Day / Month / Year

Relationship of nominee to deceased

Death certificate No.

Checked by

Date of entitlement

Day / Month / Year

Balance

\$

Period

Withdrawal authorised - General Manager

Check Stamps

Interviewed Yes No

Approved Not Approved

Reason for refusal/comments
