

APPLICATION FOR WITHDRAWAL BY A MEMBER WHO IS PHYSICALLY/ MENTALLY INCAPACITATED FROM EVER ENGAGING IN FURTHER EMPLOYMENT

PLEASE READ THESE NOTES:

It is an offence, if any person, for any purpose connected with the FNPf Act:-

- (1) knowingly makes a false statement or
- (2) produces or furnishes or causes or knowingly allows to be produced or furnished any document which he knows to be false in a material particular.

A. SPECIAL WARNING

- You will be eligible to withdraw on this ground only when you are assessed to be permanently incapacitated from ever engaging in any further employment.
- If you are temporarily out of employment or have been found to be unfit to do the type of work which you normally do, you may not necessarily qualify to withdraw.
- If you are under medication or have been advised to undergo surgery and therefore stand a chance of either full or partial recovery you, again, may not qualify to withdraw.
- Strictly speaking you will qualify to withdraw on this ground only when you are almost one hundred percent incapacitated.

B. WHO COMPLETES THIS APPLICATION FORM

- This form (FNPf 9C) is to be completed by the member who wishes to withdraw on the ground of permanent physical or mental incapacity.

C. PROCESSING TIME (If your application is approved)

- The amount standing to your credit cannot be ascertained without reference to your employer (or employers) who will be asked to supply the required information as soon as possible. You may expect one month to elapse between the date of approval and the day you receive your cheque.
- Your application may have to be referred to the Fund's Medical Board for its opinion. The Board may decide to examine you personally and in that case it will take one month to process your application.

D. PENSION ELIGIBILITY

- If you have not withdrawn previously and re-entered, a pension option form will be sent after your application has been approved and updated. Your application will be further processed for payment in accordance with your option.

E. RE-ENTRY AFTER WITHDRAWAL

- An employee who has withdrawn his credit from the Fund on medical grounds is not expected to work again. However, if your conditions improve to enable you to find permanent employment and you wish to re-join the Fund, you must give a NOTICE to rejoin to both your employer and the FNPf within three months of re-employment. This notice must accompany a MEDICAL CERTIFICATE from an authorized doctor certifying you to be fit to resume permanent employment.
- If your application to re enter the Fund is approved you must be re-registered and will be given a new membership number.

PENSION

- If you withdraw and rejoin, you do not contribute to the Pension Buffer Fund and will not be entitled to opt for Pension when you withdraw the second time.
- If you are directly receiving a pension after your first withdrawal, your pension will stop when you rejoin the Fund.

SPECIAL DEATH BENEFIT

- After rejoining, in the event of your death, your nominees will not be entitled to special death benefit. No charge towards premium will be made.

F. HOW TO LODGE THIS APPLICATION

- Your completed application (Form 9C) together with Confidential Medical Report (Form 10) may be lodged at the FNPf offices in Suva, Lautoka and Labasa or sent by mail to the address 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

EXPLANATORY NOTES

A. PARTICULARS OF APPLICANT

1. Full Name: Your name should be the same as it appears on your membership card. If your name is different for the same reason you will be required first to correct FNPF records by filling the appropriate form (CHANGE OF NAME) and produce supporting documents like birth certificate, marriage certificate, etc, to verify the change.
2. FNPF Number: Your FNPF No. is shown on your FNPF card having two letters and three digits. Your Membership Card should be surrendered with your application.
3. Father's Name: Only to be filled if you are Indian.
4. Date of Birth: Your date of birth should be the same as on the FNPF records. If it is different you will be required to follow the same procedure as explained in Note 1 level.
5. Telephone: The telephone number you give should be the one on which we could quickly contact you should we need to speak to you urgently.
6. Occupation: Describe the type of job you are doing e.g. Motor Mechanic, Dentist, Clerk etc.
7. Address: This should be your mailing address in Fiji where correspondence may be sent. For cheque mailing, refer Section D, Question 14 -16.

B. EMPLOYMENT HISTORY

8. Employer's Name and Address: In order to properly update your account it will be necessary for you to provide the names of all employers who have paid contributions on your behalf in the past six months. If you were not employed in the past 6 months write 'nil'.
9. Employment Termination Date: Indicate clearly the date on which you last worked for your last employer.
10. Reason for Leaving Employment: Write why you have left employment. If it was due to sickness attach a letter from your previous employer to this effect. Also, if it was on the recommendation of a doctor, attach a copy of the medical report.
11. Name & Address of other Employers: Write names of all employers who have paid contribution on your behalf in the past six months, if none write Nil.

C. MEDICAL HISTORY

12. Names of Doctors or Hospitals: Give full particulars of dates, names and addresses of doctors and/or hospitals you have consulted for your treatment in the last five years. Where possible, attach medical reports and/or any other supporting documents.

D. PAYMENT OPTION (If your application is approved)

The Pension Option Form (refer to Guidelines under the heading 'Pension Eligibility') will give you the following options to choose ONE from:

- I. A lump sum payment. (An amount will be shown)
 - II. A pension for life. (An amount will be shown)
 - III. A joint pension with your spouse. An amount will be shown)
 - IV. Part lump sum and pension on balance. (No amounts will be shown)
13. If you are sure to opt for a pension, tick Box A.
Please note that the first person is payable one month after the date of approval of your application and will be released only after you have signed the pension option form.
If you are sure NOT to take a pension, tick Box B.
Please note that your lump sum payment cheque will be prepared but it will be released only after you have signed the pension option form.
If you are undecided and wish to make an option after seeing the pension option form, tick Box C.
Please note that your application will be further processed for payment after you have completed the Pension Option form (9OP).
14. Please indicate how would you like to receive the cheque for the payment of lump sum and/or pension.

E. DECLARATION

Thumbprint/Signature: A clear signature and thumbprint will assist in proper verification of your application. In case of difference in your signature, you may be asked to sign again or follow the procedure as in Note 1 to correct it.

Name of Member _____ Signature of Member _____

Signature of Witness _____ Full Name of Witness _____

Address of Witness _____ Date _____



APPLICATION FOR WITHDRAWAL BY A MEMBER WHO IS PHYSICALLY/MENTALLY INCAPACITATED FROM EVER ENGAGING IN ANY FURTHER EMPLOYMENT

A. Particulars of Applicant

1. Name 2. FNPf No.

3. Father's Name: 4. Date of Birth 5. Phone No: 6. Occupation:

7. Postal Address:

B. Employment History

8. Current Employer's Name & Address:

9. Employment Termination Date

10. Reason for Leaving Employment.(if on medical ground/s attach discharge letter):

11. Name & Address of other Employers

Employer Name	Address	Period

C. Medical History

12. Names of Doctors or Hospital Consulted by you for Treatment with dates in the Last Five Years.

Date	Name and Address of doctor or Hospital	Reason (If illness or injury give duration and date of recovery)

D. Payment Option. (If your application is approved)

13. Please Tick the Appropriate Box (Refer explanatory note 13)

- I wish to take pension A
- I do not wish to take pension B
- I will decide after seeing the pension option form C

14. Method of payment:

Payment through Disbursement Account with ANZ (For members who do not have Bank accounts. Funds are transferred. To a special account at the ANZ Bank and members are paid cash on producing FNPF identification and confirmation that Funds have been transferred. FNPF Photo ID is required). **The maximum amount for this payment is only \$2,000.00**

Deposit into my Bank Account (Submit a copy of your Bank Statement and note that your payment cannot be deposited into an account which is not in your name)

Bank Name:..... Account #:

E. Declaration:

I declare that I have read, understand, and answered all the questions and the particulars provided by me are complete and correct to the best of my knowledge and ability. I understand that incorrect and misleading information given in this application could result in refusal of my application.

<p>Left Thumbprint</p> <div style="border: 1px solid black; width: 180px; height: 120px; margin-top: 10px;"></div>	<p>Signature</p> <div style="border: 1px solid black; width: 280px; height: 20px; margin-top: 5px;"></div> <p>Signature of Witness (to signature/thumbprint)</p> <div style="border: 1px solid black; width: 280px; height: 20px; margin-top: 5px;"></div> <p>Print Name Address of Witness</p> <div style="border: 1px solid black; width: 520px; height: 40px; margin-top: 5px;"></div>	<p>Date</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Day</td> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Year</td> </tr> </table>	Day	Month	Year
Day	Month	Year			

* Important: The Fee for the Medical Examination and for any other special Tests as required by the authorised medical practitioner is to be paid by the person applying for withdrawal

OFFICIAL USE ONLY

Name on FNPF 3:	Date of Birth			
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Balance	Period	Checked By			
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Day	Month	Year			

Withdrawal Authorised - General Manager	Date of Entitlement
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Date form 'W' Sent:	Reminder Date						
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Interviewed Y N

Approved Y N

Not Approved Y N

Reason for refusal/comments
