

Please indicate the relevant option(s) you wish to take and state amount you will apply to each option.

OPTION ONE – LIFE PENSION

I wish to receive a **LIFE PENSION**

SINGLE PENSION of

Whole Part

OPTION TWO – JOINT PENSION

JOINT PENSION of

Note: If you have indicated a joint option please complete the following

1 passport size photo
of Spouse
duly certified by
JP/Commissioner of Oath

Name of Spouse:

Date of Birth:

Signature of Spouse:

OPTION THREE - TERM ANNUITY

I wish to allocate the amount specified below for the **Term of** (You may choose one or any combination of the following by placing a tick in the appropriate box and the corresponding amount on the space provided)

a. **5 years**

b. **10 years**

c. **15 years**

\$

\$

\$

OPTION FOUR – LUMP SUM WITHDRAWAL

I wish to receive a **LUMP SUM**

Whole Part

SECTION 3 - METHOD OF PAYMENT

Choose only one of the following methods of payment by placing a tick in the box next to your choice.

Deposit to a local bank account:

Account Name:

Bank Name:

Account No:

Deposit to my overseas bank account via Telegraphic Transfer:

Account Name:

Bank Name:

Account No:

BSB Number:

Swift Code:

Pension Orders - restrictions will apply. *Only pensioners living in outer islands without access to a bank will be offered this payment mode.

SECTION 4: NOMINATION

Note: It is compulsory to complete this section.

1 passport size photo
of Nominee
duly certified by
JP/Commissioner of Oath

Name:

Relationship:

Address:

Date of Birth:

Signature of Member:

Signature of Witness:

Address of Witness:

SECTION 5: DECLARATION

By signing this Pension Option Form, I declare that I have read and understood the Key Features Statement on the pension products provided to me seven days before signing this form. I also declare that I have completed this after careful consideration of all options available to me. I also understand that the option I have made on this form is final and cannot be changed or revoked.

Left thumbprint
of Pensioner

Signature of Pensioner:

Date:

Signature of Witness:
(to signature/thumbprint)

Date:

Name of Witness:

Address of Witness:

DISCLAIMER: I hereby confirm that I have freely chosen without any form of compulsion or duress the options available to me in less than the requisite seven day period after receiving the Key Features Statement. I hereby release and indemnify the FNPF, its Board, agents and employees against any liability arising from the decision that I have voluntarily made.

Signature of Pensioner:

Date:

SECTION 6: FOR OFFICIAL USE ONLY

	Date	Name	Signature
Processing Officer			
Approval Officer			
Registration Officer			

THIS OPTION FORM MUST BE RETURNED, DULY COMPLETED, TO THE CHIEF EXECUTIVE OFFICER, FNPF 7 DAYS AFTER THE DATE SHOWN ON THE PENSION ADVICE AND KEY FEATURES STATEMENT

All Correspondence to be addressed to the Chief Executive Officer

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, Lot 13, Concave
Subdivision, 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