

# PENSION OPTION REGISTRATION FORM

**WARNING:** It is an offence for any person to:

- (i) Knowingly make a false statement or
- (ii) Provide cause or knowingly produce any document which he or she knows to be false.

## SECTION 1: PERSONAL DETAILS

1 passport size photo of Pensioner duly certified by JP/Commissioner of Oath/or by FNPf officer at time of Registration of this Form	1. FNPf Number: <input style="width: 100%;" type="text"/>	2. Pension Number: <input style="width: 100%;" type="text"/>	
	3. Pensioner's Full Name: (PRINT) <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>		
	4. Date of Birth <input style="width: 100%;" type="text"/>	5. T.I.N NUMBER (where applicable) <input style="width: 100%;" type="text"/>	
	6. Citizenship: <input style="width: 100%;" type="text"/>		
7. Home Address: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>	8. Postal Address: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>		
9. Telephone Number: H: <input style="width: 100%;" type="text"/> M: <input style="width: 100%;" type="text"/>	10. Email address: <input style="width: 100%;" type="text"/>		

## SECTION 2 : RETIREMENT OPTIONS

Please carefully read the attached **Key Features Statement** before exercising your option.

The following options are available to all pensioners.

- A Single Life Pension in **Whole** or in **Part** with other options
- A Joint/Life Pension in **Whole** or in **Part** with other options
- A Term Annuity, in **Whole** or in **Part** with other options, and in whole or in part on a five year term or a 10 year term or a 15 year term, or in any combination
- A Lump Sum, in whole or in part with other options and/or

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:

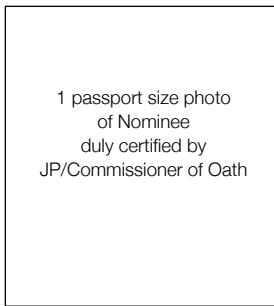
BSB Number:

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.



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.



Signature of Pensioner:

Date:

Signature of Witness:

Date:

Name of Witness:

Address of Witness:

Left thumbprint  
of Pensioner

**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

**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