

TO WHOM IT MAY CONCERN

I, _____

FNPF Number: _____

hereby declare that I fully understand the FNPF pension scheme and its calculations/benefits as explained by the FNPF officer.

I hereby indemnify the FNPF Board from any liability whatsoever including any loss of benefit that may arise as a result of acceding to and approving my application for a Partial Withdrawal Assistance.

**LEFT THUMBPRINT
OF MEMBER**

SIGNATURE OF MEMBER

DATE

SIGNATURE OF WITNESS (TO MEM'S SIGNATURE &

PRINT NAME & ADDRESS OF WITNESS
