



PENSION OPTION FORM

Member's FNPf Number: Date:

Member's Full Name (Print):

Nominee's Full Name: (if applicable)

E-mail address: Phone No. mobile/landline:

Please read carefully important notes printed on the reverse of the attached **Pension** advice form before exercising your option. (Once you have exercised your option it cannot be changed or revoked)

Kevaka e sega ni matata vakavinaka vei iko na wilika na vosa vakavavalagi mo yalovinaka ka qai kauta na fomu oqori kivua edua na i vakalesilesi ena Tabacakacaka ni FNPf.

Ena sega ni rawa ni ko veisautaka na nomu digidigi ni ko sa vakalewena oti na fomu

यदि आप अंग्रेजी पढ़ना नहीं जानते हैं तो इस फॉर्म पर हस्ताक्षर करने से पहले इसे किसी एफ एन पी एफ अधिकारी के पास ले जाएं ताकि वह आपको सारी बातें समझा सके।

1. I wish to receive a FULL LUMP SUM of \$
being the total amount currently standing to my credit in the Fund

2. I wish to receive a FULL LIFE PENSION of the total amount currently \$
standing to my credit in the Fund (payable by monthly installments of)

3. I wish to receive a FULL JOINT PENSION of the total amount currently \$
standing to my credit in the fund

payable by monthly installments of \$

to me and then to my spouse if I predecease him/her

4. I wish to receive:- \$
(a) part of the total amount as LIFE PENSION

(b) and the balance as JOINT PENSION with my spouse \$

5. (a) I wish to receive a part of the total amount as LUMP SUM of \$

(b) and/or another part as LIFE PENSION \$

(b) and/or the balance as JOINT PENSION with my spouse. \$

Please complete reverse of this form

METHOD OF PAYMENT

Choose one of the following methods of payment by placing a tick in the appropriate box.

Pension orders if you are residing in a rural area (to be cashed at any post office) sent to the address stated below:

.....

Pension Cheques to be sent to my bank as stated below: (Please attach your latest bank statement).

Bank name:..... A/C No: Branch

DECLARATION

I declare that I have read and understood the important notes on the **Pension Advice Form** and I have completed this after due care diligence. I understand that this pension cannot be changed or revoked.

Left thumbprint
of member

Signature of Member:

Dated:

Signature of Witness:

(to signature/thumbprint)

Print name &Address of Witness:

.....

.....

Nomination

In the event of my death before receiving first 12 months of pension, I wish that the balance of unpaid pension for the first twelve months be paid to:

Name: Relationship:.....

Date of Birth: Address:

Signature of member: Signature of witness:

Address of witness:

THIS OPTION FORM MUST BE RETURNED, DULY COMPLETED, TO THE GENERAL MANAGER, FNPF WITHIN TWO MONTHS OF THE DATE SHOWN ON THE PENSION ADVICE FORM.

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