

WD REF NO:



CLAIM FORM FOR FUNERAL ASSISTANCE THROUGH SPECIAL DEATH BENEFITS

PLEASE READ THIS NOTE:

- Before you fill this form, read the **Explanatory Notes on Page 3.**
- This withdrawal is only applicable to assist with a deceased member's funeral expenses.
- Any person, who knowingly makes a false statement or produces false documents, commits an offence contrary to section 49 of the FNPf Act and is liable to a fine of \$500 or 1 year imprisonment or both. Consequently, the Fund may also impose restrictions on the withdrawals for the said person.

SECTION A: PERSONAL DATA OF DECEASED MEMBER

1. Name of Deceased..... 2. FNPf No.:.....

3. Fathers Name..... 4. Gender/ Sex

5. Date of Birth / /

6. Marital status

7. Employment Details

Male Female

Single Married

Divorced Widower

Employer Name	Address	Period

SECTION B: EXECUTOR FOR FNPf FUNERAL ASSISTANCE

8. Name of Executor 9. Relationship to deceased 10. FNPf No / Tax ID No:

11. Residential Address of Executor 12. Address of Correspondence

13. Telephone No/ Mobile No: 14. Email Address

SECTION C: PAYMENT AUTHORITY AND DECLARATION

Payment Authority

(This authority may be exercised if my application is approved)
 I hereby apply and authorize for payment to be made to myself
 and that it will be deemed a proper discharge by FNPf of funds held in my account.

Indemnity

I hereby indemnify the FNPf Board from any liability whatsoever, including any loss benefits that may arise as a consequence of approving my Application.

Declaration

I declare that I have read, understood and answered all questions to the best of my knowledge. I understand that any incorrect and misleading information provided by me may result in Fund not accepting my application. I further declare that these funds will be fully utilized for the deceased member's funeral only and should there be any discrepancies, I shall be held accountable.

Executors' Left Thumbprint

Signature of Executor Date

Signature of Witness (to Executor's Signature and Thumbprint)

Print Name & Address of Witness

(Witness must be JP, Com Oath or Solicitor)

SECTION D: METHOD OF PAYMENT

Deposit into my Bank Account (Submit a copy of your bank Statement for Bank Accounts in Fiji)

Name of Bank:.....

Bank Account No:.....

Account Holder Name:.....

[Your payment cannot be deposited into an account which is not in your name]

OFFICE USE ONLY

Executor Name in FNPF MOA tally YES / NO

F/n tallies

YES / NO

Date of Birth in FNPF MOA tally YES / NO

Photo in MOA tallies

YES / NO

Executors Signature on MOA tallies YES / NO

SDB Entitlement YES / NO

SDB Amount \$.....

Checked By.....

Recommended by.....

Signature.....

Date.....

Withdrawal Authorized- General Manager

Approved

Reject

Approving Officer.....

Signature.....

Date:

Amount Approved: \$.....

Comments

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SECTION E: NOTIFICATION OF DEATH and ADDITIONAL INFORMATION

Personal Detail of Deceased Member

Name of deceased on birth Certificate:.....

Date of Birth: / /

Deceased Birth Cert Registration No:.....

Date of Death: / /

Place of Death:

Executor relationship to the Member:..... Mortuary:

Place of Burial:..... Date of Burial: / /

CONFIRMATION OF DEATH

I hereby confirm the death of.....

which occurred on (date)..... at..... and I also confirm that

Mr. /Mrs/ Ms. is responsible for making all the funeral arrangements. I further confirm that the funeral will take place as stated by the executor above.

Dated at this day of 20.....

Signature of Commissioner for Oath / Priest

Name of Commissioner for Oath / Priest

Address

.....

OFFICIAL RUBBER STAMP SIGNED AND DATED:

Guidelines for Funeral Assistance using part of a deceased member’s Special Death Benefit.

1. The next of kin of the deceased member may apply for partial payment of SDB if deceased member's account is eligible for SDB payout.
2. Maximum of \$2,000 will be given under this scheme.
3. Assistance is for funeral expenses of the deceased member. This assistance cannot be accessed for any other expenses related to the member.

Documents to submit with this application

1. Original Birth Certificate of Member & Executor
2. Marriage Certificate of the Executor if married
3. Medical Certificate of Cause of Death
4. Police Burial Order
5. Bank Statement confirming your current operating account number for payment deposits
6. Other Identity may be required by the Fund for identification purposes

Method of Payment

Bank Deposit: Ensure that your bank account is correctly written in the form.

Where to lodge this application

Your completed application may be lodged at or posted to the FNPF office in Suva, Lautoka, Labasa , Nadi, Valelevu, Savusavu and Ba agencies.

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

