



WITHDRAWAL APPLICATION FOR PARTIAL WITHDRAWAL

Please read these notes:

- Before you fill in this form, please read the **Explanatory Notes on Page 2.**
- If you make any false statement you commit an offence and not only will your application be denied, you may also be prosecuted.
- All sections of this form are to be duly completed

SECTION A: PARTICULARS OF MEMBER

Name: f/n FNPF #
 Date of Birth: Phone #: Mobile#
 E-mail Address:
 Postal Address:

SECTION B: EMPLOYMENT DETAILS

Name & Address of Present Employer:
 Name & Address of Previous Employer:
 Date Last Employed if Unemployed:

SECTION C: FINANCIAL ASSISTANCE REQUIRED

Name: f/n FNPF #
 Date of Birth: Phone #: Mobile#
 E-mail Address: Relationship:
 Postal Address:

Reasons for Withdrawal (Attach evidence)

Name & Address of Present Employer:
 Name & Address of Previous Employer:
 Date Last Employed if Unemployed:

Amount Requested \$

SECTION E: METHOD OF PAYMENT

(Please tick the appropriate box)

- Payment through Bank Disbursement Account **(Please refer explanatory notes on page 2)**
- Deposit into my Bank Account **(Attach copy of current bank statements)**
(Note that your payment cannot be deposited into an account which is not in your name.)

Bank Name: Account No.

SECTION F: INDEMNITY / DECLARATION BY MEMBER

(This authority may be exercised if my application is approved)(Payment Authority, Indemnity and Declaration combined)

I, hereby apply and authorize for payment to the above named institute/s and that it will be deemed a proper discharge by FNPF of funds held in my account.

I hereby indemnify the FNPF Board from any liability whatsoever, including any loss of benefits or pension that may arise as a consequence of approving my application.

I declare that I have read, understood, and answered all the questions. The particulars provided by me are complete and correct to the best of my knowledge.

Member's Left Thumbprint

Signature of member (As in FNPF Records)

Date

Signature of Witness (To Member's Signature & Thumbprint)

Print Name & Address of Witness

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SECTION D: ADDITIONAL INFORMATION FOR FUNERAL ASSISTANCE

(This section to be filled ONLY if applying for Funeral Assistance)

Personal details of Deceased

1. Name of Deceased:
2. Date of birth:
3. Father's Name:
4. Relationship to member:
5. Next of Kin:
6. Date of Death:

Other Information

- | | |
|-----------------------------------|---------------------------|
| 7. Names of Three Other Relatives | 8. Relationship |
| • | |
| • | |
| • | |
| 9. Mortuary | 10. Date of Burial |
| 11. Place of Death | 12. Place of Burial |

Confirmation of Death

I of
hereby confirm the death of
which occurred on and I also confirm that
Mr/Mrs is responsible for making all the
funeral arrangements. I further confirm that the funeral will take place from
..... house.

Dated at this day of 200

Signature of District Officer / Turaga ni Koro / Priest

Name of District Officer / Turaga-ni-Koro / Priest

Address

(This official rubber stamp of the witnessing officer must be stamped on this form.)

Please read these notes:

It is an offence, if any person, for any purpose connected with the FNPF Act :-

- I. knowingly makes a false statement or
- II. produces or furnishes or causes or knowingly allows to be produced or furnished any document which he knows to be false in a material particular.

Guidelines for Partial Withdrawal

The FNPF is a compulsory savings scheme to ensure financial security when a member retires. It is not a bank account where members withdraw their money out for any general reason. But in specific instances the FNPF will allow money to be partially withdrawn from members' accounts for the following purposes:-

1. **Overseas Education Assistance** (Member, spouse & children) - Education Eligibility
2. **Local and Overseas Medical Assistance** (Member spouse, children & parents & children) - Partial eligibility
3. **Funeral Assistance** (Member's spouse, parents, & brother/sister) - Partial & Housing eligibility
4. **Unemployment Assistance** (Member, spouse, parents, & children) - Unemployment eligibility
5. **Employment Opportunities Overseas** (Member only) - Partial eligibility
6. **Re-employment for Security Services Overseas** (Member, spouse, children)
7. **Re-settlement Overseas with Provisional Residency Visa** (Member only)
8. **Partial Withdrawal for members over 55 years of age**
9. **Partial Withdrawal of Funds - Excess Contributions**
10. **Low Income Earners** (Gross Wages less than FJD\$150-00 per week) (Member, spouse & children)
11. **Short Term Re-employment for Tour of Duty** (Member only)

For supporting documents and evidence required, refer leaflet W/30.3a Requirements for Partial Withdrawal.

The member must apply on the prescribed application form (W/30.3) for Partial Withdrawal and the completed form and documents of evidence must be originals. An application form can only be accepted for processing if **ALL** of the required information and documents are attached.

Method of Payment

1. **Payment through ANZ Disbursement** members who do not have Bank accounts and payments **not exceeding \$2,000-00**. Funds are transferred to a special account at the bank and the members are paid cash on producing FNPF identification and confirmation that funds have been transferred. FNPF photo ID is required.
2. **Bank Deposit (Electronic Funds Transfer)**: ensure that your bank account is correctly written in this form. Note that your payment cannot be deposited into an account, which is not in your name. Evidence from bank confirming member's account number is required.

Where to lodge this application

Your completed application may be lodge at or posted to the FNPF offices in Suva, Lautoka and Labasa.

Processing Fees

A processing Fee of **\$20-00** is applicable for all Partial Withdrawals. **Do not send any cash with your application via mail**

OFFICE USE ONLY

Name in FNPF 3/7..... f/n.....

Date of Birth in FNPF 3/7..... Last Cont Paid (Month/Year).....

Current Balance \$..... Partial Eligibility \$..... Amount Recommended \$.....

Signature & Thumbprint Tally: YES / NO Check By..... Date.....

Checked & Recommended by: Name..... Signature..... Date.....

Withdrawal Authorised - General Manager			
<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	<input type="checkbox"/> Pay Direct	
\$ Amount	Name	Signature	Date
Comments			

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

Valelevu Agency

Valelevu Complex Building
Saqa Place
Valelevu
Telephone: (679) 3343 671
Facsimile: (679) 3343 670

Lautoka

Drasa Avenue
Private Mail Bag
Lautoka
Telephone: (679) 666 1888
Facsimile: (679) 666 5232

Nadi Agency

Shop 2 Lalidhar Arcade
Namaka Lane
Nadi
Telephone: (679) 672 8981
Facsimile: (679) 672 8982

Labasa

Rosawa Street
Private Mail Bag
Labasa
Telephone: (679) 881 2111
Facsimile: (679) 881 2741

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