FULL WITHDRAWAL

ADVICE OF DEATH APPLICATION

Please complete this form if you are the next of kin of the deceased, preferably the spouse, one of the children of the deceased or a parent in case the deceased was unmarried. Please complete in pen using BLOCK letters. Print “X” to mark boxes where applicable and ensure that the form is complete before submission.

Note: It is an offence under the Fiji National Provident Fund Act, 2011 to make any false statement or to produce any document which is false. The use of correction fluid/tape is not allowed. You are required to sign beside any amendments made in the form.

EXPLANATORY NOTES:

Who needs to complete this form?
This form will need to be completed by the informant to advise the Fund of the death of the member.

What documents will I need to submit with this application?
You must apply on the prescribed application form (FW02).

The following documents will have to be attached with the form:

• Medical Certificate of Cause of Death to be signed and stamped by an authorized hospital official if deceased has not been buried.
• Original Death Certificate or certified before Death if the deceased has been buried. Original or certified copy of birth certificate of deceased member (latest extract from the Registrar General’s Office containing then “deceased” water mark will be required for members who died overseas).
• Original Latest Extract of Marriage Certificate- if the deceased was married more than once, all Marriage Certificates are to be submitted (Copy of marriage certificate to be extracted from Registrar General’s Office after the date of death).
• Decree Absolute (if deceased was divorced) and a statutory declaration to confirm the deceased members’ marital status after divorce. **
• Statutory Declaration (if the deceased member was never married).
• Valid photo ID of the informant for proper verification.

All document copies must be certified by Justice of Peace (JP), Commissioner of Oaths, Notary Public (overseas) or FNPF Officer

Where can I lodge this application?
Your completed application can be lodged at any of our FNPF office nearest to you.
SECTION A – PERSONAL DETAILS OF DECEASED

1. Full Name (as on Birth Certificate):

Married Name: (Optional for married women)

2. Father’s Name:

3. Mother’s Name:

4. FNPF ID:

5. TIN No: ________________________

6. Date of Birth (DD/MM/YY): ________________________

7. Gender: F M

8. Marital Status: Married Single Divorced Widower Others

9. Residential Address of Deceased:

10. Date of Burial (DD/MM/YY): ________________________

11. Date of Death (DD/MM/YY): ________________________

12. Medical Certificate of Cause of Death No: ________________________

13. Death Certificate No: ________________________

14. Employment History of Deceased

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<thead>
<tr>
<th>EMPLOYER NAME</th>
<th>EMPLOYER ADDRESS</th>
<th>PERIOD OF EMPLOYMENT</th>
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SECTION B – INFORMANT DETAILS

I declare that I have read and understood all questions and that all the particulars provided by me are true and correct.

1. Full Name (as on Birth Certificate):

2. Father’s Name:

3. FNPF ID:

4. Email Address:

5. Relationship to Deceased:

6. Phone Contact (Home):

b) Mobile:

7. Correspondence (Postal Address):

8. Preferred Communication - Mobile Email Postal

INDEMNITY – the Fund will not be liable for disclosure of information on any of the preferred communication medium.

Signature of Informant: ________________________

Date (DD/MM/YY): ________________________