

MEMORANDUM OF NOMINATION FORM

Note: It is an offence under the Fiji National Provident Fund Act, 2011 to make any false statement or produce any false document(s) which he or she knows to be false in material particular.

Should you wish to nominate an Executor upon your death to access the death benefit for your funeral expenses, please complete a **Memorandum of Administration (MOA)** form and lodge with the relevant documents.

WHAT YOU SHOULD KNOW ABOUT A MEMORANDUM OF NOMINATION

1. The Memorandum of Nomination instructs the FNPF how to pay your balance and entitlements upon your death. This form is a legal document and must be signed in the presence of a Witness.
2. A member's "WILL" does not supersede this nomination.
3. You must sign beside any cancellation or alterations made on the form. The use of correction fluid/tape is not permitted.
4. The nomination can be changed at any time you wish, however you are required to lodge a fresh nomination if you get married or re-married and in the event of existing nominee's death since the stated grounds invalidates the existing nomination.
5. If your nomination is deemed invalid or you have not nominated anyone at the time of your death, then your savings will be paid to High Court for distribution.
6. If you wish to nominate more than 8 nominees, please complete an additional page and attach to the back of this form.
7. The total allocation of shares should add up to 100%.
8. Name of Nominee(s) and details to be printed as it appears on the Birth Certificate

INSTRUCTIONS FOR COMPLETION OF THIS FORM.

SECTION A – DECLARATION

Enter your details and signed where applicable.

The witnessing officer must be over the age of 18 and must not be the nominee of the member who is making the nomination.

SECTION B – MEMBER DETAILS

Enter your details as per FNPF records

SECTION C – NOMINATION OPTIONS

You have a choice whether to nominate or not. Please indicate your option by placing a tick in the appropriate box.

SECTION D – SCHEDULE OF PERSON(S) NOMINATED

Enter the details of your nominee(s) in the appropriate columns. Ensure that the nominee share(s) is indicated in percentage (%)

REQUIRED DOCUMENTS

You are required to submit original or Certified copy of birth Certificate of your nominee (s) to allow accuracy of nominee details being captured. **If you or your nominee (s) have recently made changes to your name(s), please submit latest birth certificate.**

SECTION A: DECLARATION

I hereby declare that the information provided in this form is true and correct to the best of my knowledge and I indemnify the FNPF Board against any liability arising from the information given in this form, and I understand that I am responsible for the safekeeping and updating of any changes to my FNPF record including the loss of privileged information disseminated through my provided contact details.

Member Signature Date: / /

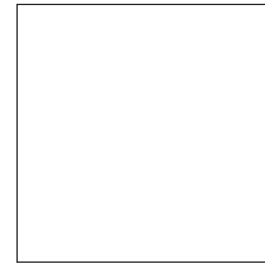
Signed and Acknowledged by (Name of Member) as his/her
Schedule of Nomination and he/she appeared to fully understand the meaning and effect thereof.

Witness Signature:

Name of Witness:

Address of Witness:

Designation of Witness: Date: / /



Left Thumbprint of Member

SECTION B: MEMBER DETAILS

1. FNPF ID:

2. TIN No: - - -

3. Full Name:

4. Father's/Mother's Name:

5. Birth Registration Number: 6. Date of Birth (DD/MM/YYYY): / /

7. Residential Address:

8. Postal Address:

9. Email:

10. Phone Contact: a) Home b) Mobile:

11. Preferred Communication - (Please tick) Mobile Email Postal Opt out of Marketing Emails

I understand that FNPF may communicate information regarding my FNPF account details via the above preferred mode of communication.....
(Member Initial)

SECTION C: NOMINATION OPTION

Please indicate your option by placing a tick (✓) in the box next to the appropriate option.

PART 1 I hereby nominate the person(s) named in the schedule below to receive, in the event of my death, the share(s) set down against their respective name(s) of the amount then standing to my credit in the Fiji National Provident Fund.

PART 2 I do not desire to nominate any person to receive, in the event of my death, the amount standing to my credit in the Fiji National Provident Fund. I understand that, in the event of my death, the amount so standing will be paid to the High Court for the disposal of these in accordance with the laws.

SECTION D: SCHEDULE OF PERSONS NOMINATED

Please write clearly and legibly in dark ink

1. Name of Nominee:

Date of Birth: Relationship to FNPF Member: Share:

Postal Address:

Residential Address: Phone Contact:

2. Name of Nominee:

Date of Birth: Relationship to FNPF Member: Share:

Postal Address:

Residential Address: Phone Contact:

SECTION D: SCHEDULE OF PERSONS NOMINATED (continued)

3. Name of Nominee:
Date of Birth: Relationship to FNPF Member: Share:
Postal Address:
Residential Address: Phone Contact:

4. Name of Nominee:
Date of Birth: Relationship to FNPF Member: Share:
Postal Address:
Residential Address: Phone Contact:

5. Name of Nominee:
Date of Birth: Relationship to FNPF Member: Share:
Postal Address:
Residential Address: Phone Contact:

6. Name of Nominee:
Date of Birth: Relationship to FNPF Member: Share:
Postal Address:
Residential Address: Phone Contact:

7. Name of Nominee:
Date of Birth: Relationship to FNPF Member: Share:
Postal Address:
Residential Address: Phone Contact:

8. Name of Nominee:
Date of Birth: Relationship to FNPF Member: Share:
Postal Address:
Residential Address: Phone Contact:

9. Name of Nominee:
Date of Birth: Relationship to FNPF Member: Share:
Postal Address:
Residential Address: Phone Contact:

10. Name of Nominee:
Date of Birth: Relationship to FNPF Member: Share:
Postal Address:
Residential Address: Phone Contact:

OFFICIAL USE ONLY

Branch/Agency: Signature of Officer:

Effective Date Received (DD/ MM/YYYY): / /

Head Office Provident Plaza 2 Private Mail Bag, Suva Telephone: (679) 330 7811 Facsimile: (679) 330 7611	Lautoka Shop 5, Provident Centre, 6 Naviti Street, 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	Sigatoka Branch Shop 3-4, Hanif Building, Matamata Subdivision Phone: (679) 666 1888	Nadi Agency Shop 2, Lot 13 Concave Subdivision Namaka Lane, Nadi Telephone: (679) 323 8018, 323 8006 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 0009 Facsimile: (679) 323 8007	Valelevu Agency Shop 3, Rajendra Prasad Bros Supermarket Complex Valelevu Complex Building Saqa Place, Valelevu Telephone: (679) 3343 671 Facsimile: (679) 3343 670	Nausori Branch Lot 1, Main Street, Nausori Telephone: (679) 323 8030, (679) 323 8031
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