FW01

FIJI NATIONAL PROVIDENT FUND

FNPF
securing your future

FULL WITHDRAWAL

RETIREMENT APPLICATION

Please complete this form if you are withdrawing ALL your funds at the age of 55 or more. Please complete in **black or blue 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:

When can I apply for a Retirement Full Withdrawal?
You can apply for a retirement full withdrawal if you turn 55 or more.

What options are available when I turn 55?
The following options are available to you when you fully withdraw your funds:

1. You can withdraw all your funds if you do not want to opt for any Retirement Product.

2. You can withdraw part of your funds and the balance to purchase any or a combination of a Retirement product.

3. You can transfer all or part of your funds to an FNPF Member.

4. Retirement Option to choose from are as follows:
   a) Life Pension
   - Single Life
   - Joint Life
   - Single & Joint Life

   b) Term Annuity
   - 5 years
   - 10 years
   - 15 years

   c) DrawDown Account
   - Standard payment plan
   - High payment plan.

   d) Full Lump sum

   Key feature statements for the 3 Retirement Products listed above should accompany this application form.

5. You are also able to choose any combination of the above retirement options and choose the allocation of the accrued interest that will be credited at the date of your entitlement payment.

What You Should Know About Nomination
1. In the event of a death before the guaranteed period your remaining funds will be paid out in a lump sum to your nominee(s) according to your choice of allocation.

2. In the case where there is a single adult nominee they can opt to continue with the payment till the end of the guaranteed period

Note: Key Feature Statements should contain details about the guaranteed payments for each Retirement Product.

Can I re-join the Fund if I have fully withdrawn my funds?
You can re-join FNPF as a Compulsory member after the first full withdrawal if you are still employed. You will need to complete the FNPF 3R Form (Registration of Member) and 5R Form (Memorandum of Nomination).

What documents will I need to submit with this application?
The required documents when choosing a **lump sum** withdrawal is as follows:
- Original or certified copy of your Birth Certificate and Marriage Certificate printed after year 2000.
- A valid photo ID - FNPF Joint ID card, Passport, Drivers License or Voters ID card.
- Bank Details (within a month Local/overseas).
- Overseas account bank Statement (certified true copy of passport showing identification details, certified true copy of PR Visa pages, bank statement, BSB/Routing Number and swift code).

The following are additional documents which you will need to submit if you are purchasing a **retirement product:**
- Original or certified true copy of spouse Birth Certificate and Marriage Certificate printed after year 2000 – if purchasing a Joint Pension.
- Original or certified true copy of nominees Birth and/or Marriage Certificate printed after year 2000.
- Valid photo ID of nominee(s) if purchasing a DrawDown account.

All document copies must be certified by either an authorised FNPF officer, Justice of Peace, or Commissioner for Oath or Notary Public (overseas).

Where can I lodge this application?
Your completed application can be lodged at any of our FNPF office nearest to you or through email to:
information@fnpf.com.fj

SECTION A – KEY FEATURES STATEMENT ISSUED

1. Date (DD/MM/YY): ☐☐/☐☐/☐☐☐☐

2. Name of FNPF officer ☐

3. Signature of FNPF Officer: ☐

SECTION B – PERSONAL DETAILS

1. FNPF ID: ☐☐☐☐☐☐☐☐☐☐☐ 2. TIN No: ☐☐-☐☐☐☐☐☐-☐-☐

3. Full Name (as on Birth Certificate): ☐

☐

Married Name: ☐
(Optional for married women)

4. Birth Registration Number: ☐☐☐☐☐☐☐☐ 5. Date of Birth (DD/MM/YY): ☐☐/☐☐/☐☐☐☐

6. Gender: F ☐ M ☐ 7. Email: ☐

8. Phone Contact: Home ☐☐☐☐☐☐☐ b) Work ☐☐☐☐☐☐☐ c) Mobile ☐☐☐☐☐☐☐

9. a) Postal Address: ☐

b) Residential Address: ☐

10. **Preferred Communication** - ☐ Mobile ☐ Email ☐ Postal ☐ Opt out of Marketing Emails

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

SECTION C – EMPLOYMENT DETAILS

1. Name of Last/Current Employer: ☐

2. Last date Employed (DD/MM/YY): ☐☐/☐☐/☐☐☐☐

3. Address of Employer: ☐

4. Detailed employment history ***(please use additional paper if not enough space)***

EMPLOYER NAME	EMPLOYER ADDRESS	PERIOD OF EMPLOYMENT

SECTION D – RE-ENTRY DETAILS

Do you wish to re-join the Fund? Yes ☐ No ☐

Please complete FNPF 3R Form and FNPF 5R Form if you are opting to re-join.

Note: Re Entry is only applicable if this is your first full withdrawal.

SECTION E – RETIREMENT OPTIONS

Please ***tick*** the relevant option(s) you wish to take and where you would like the interest for this full withdrawal added.

Entitlement/Balance as at time of withdrawal: $ ☐

☐ Pension ☐ Term Annuity ☐ DDA ☐ Lump Sum ☐ Transfer to Member

Select which allocation will the full withdrawal interest be applied to:

☐ Pension ☐ Term Annuity ☐ DDA ☐ Lump Sum ☐ Split ☐ Transfer to Member

OPTION ONE– LIFE PENSION

I wish to receive a LIFE PENSION

SINGLE PENSION of $

OPTION TWO – JOINT PENSION

JOINT PENSION of $

Note: If you have indicated a joint option please complete the following

Name of Spouse:

FNPF ID (if any):

Date of Birth (DD/MM/YY): / /

Signature of Spouse:

1 passport size photo of Spouse duly certified by JP/ Commissioner of Oath or Notary Public (overseas)

OPTION THREE – TERM ANNUITY

I wish to allocate the amount specified below the Term of (you may choose one or any combination of the following and the corresponding amount on the space provided)

a. 5 years $_____ b. 10 years $_____ c. 15 years $ _____

OPTION FOUR – DRAWDOWN ACCOUNT*(Must complete DDA Nomination form)*

I wish to receive a DrawDown Account (DDA):

a) Standard Payment Plan $ (dollar value) **OR** b) High Payment Plan $ (dollar value)

OPTION FIVE – TRANSFER TO MEMBER ACCOUNT

1). Member Name: Date of Birth / /

FNPF ID : Amount : $ **PA:**_____**%** **GA:**_____**%**

2). Member Name: Date of Birth / /

FNPF ID : Amount : $ **PA:**_____**%** **GA:**_____**%**

3). Member Name: Date of Birth / /

FNPF ID : Amount : $ **PA:**_____**%** **GA:**_____**%**

4). Member Name: Date of Birth / /

FNPF ID : Amount : $ **PA:**_____**%** **GA:**_____**%**

OPTION SIX – LUMP SUM WITHDRAWAL

I wish to receive a LUMP SUM $

SECTION F – NOMINATION

Note: If you have purchased a retirement package **(Single and/or Term Annuity)** it is compulsory to complete this section.

1 passport size photo of Nominee duly certified by JP/ Commissioner of Oath or Notary Public (overseas)

Name of Nominee:

Relationship: FNPF ID (if any):

Date of Birth (DD/MM/YY): / /

Address:

SECTION G – LUMP SUM PAYMENT DETAILS

You are required to complete this section indicating the method of payment and payment details: Please choose one as applicable:

Deposit to my local bank account:

Account Name:

Bank Name: Account No:

SECTION G – LUMP SUM PAYMENT DETAILS

☐ **Deposit to my Overseas bank account via Telegraphic Transfer:**

Account Name:

Bank Name:

Account No: BSB/ Routing #:

Swift Code: Sort/ BAN/Trans#

Bank Address:

SECTION H – OTHER PAYMENT DETAILS

If payment details is same as on Section G: (tick box) ☐

☐ **Deposit to my local bank account:**

Account Name:

Bank Name: Account No:

☐ **Deposit to my Overseas bank account via Telegraphic Transfer:**

Account Name:

Bank Name:

Account No: BSB/ Routing #:

Swift Code: Sort/ BAN/Trans#

Bank Address:

SECTION I – FURTHER PAYMENT OF CONTRIBUTION

I hereby authorise FNPF to pay any late contributions received after this full withdrawal to my bank account as specified below:

Same bank account used in Section G ☐ Same bank account used in Section H ☐

*Kindly ensure that the bank account chosen above remains opened for the next 3 months.

SECTION J – DECLARATION

I understand and agree that:

(a) I have read and understood the Key Features Statement on retirement products provided to me by FNPF, seven (7) days before signing this form and declare that I have completed this form after careful consideration of all options available to me.
(b) I hereby indemnify the FNPF Board against any liability arising from the decision that I have voluntarily made above.
(c) My application is subject to the provisions FNPF Act 2011, and all such terms and conditions that may be imposed from time to time.
(d) This authority may be exercised if my application is approved and I hereby apply and authorize for payment to be made.
(e) I understand that I am responsible for the confidentiality of information received through the preferred communication medium. I hereby indemnify the Fund from any liability whatsoever, including the loss of privileged information received through the preferred communication medium.

Left Thumbprint of Member

Signature of Member: _____ Date: _____

Signature of Witness: _____ Date: _____

Name of Witness: _____

Address of Witness : _____