

FULL WITHDRAWAL CLAIM

SPECIAL DEATH BENEFIT (SDB) APPLICATION

Please complete this form if you have been nominated through the Memorandum of Administration signed by the deceased member to access Special Death Benefits for funeral assistance. 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 together with the Advice of Death Form will need to be completed by the executor seeking funeral assistance due to the death of member.

Note: The person nominated by the deceased member to receive SDB Funeral Assistance may apply.

What assistance will I receive?

The assistance shall be made in accordance with the Memorandum of Administration filed by the member and it shall be valid at time of death. The Executor can only apply for this assistance within 30 working days from the date of death of member. The maximum amount of assistance under this scheme is \$2,000.

What documents will I need to submit with this application?

You must apply on the prescribed application form (FW02E plus FW02 - Advice of Death).

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

- Certified true copy of Medical Certificate of Cause of death to be signed and stamped by the authorized hospital official if deceased has not been buried.
- Original Death Certificate if the deceased has been buried.
- Original birth certificate of deceased member (latest extract from the Register General's Office that have the "deceased" water mark will be required for members who died overseas).
- Original or certified copy of Birth Certificate and Marriage Certificate printed after year 2000 of Executor (if not previously assisted)
- Valid photo ID of the Executor for proper verification.
- Latest Bank Statement (within a month Local/overseas).
- Overseas bank account (certified true copy of passport showing identification details, certified true copy of PR Visa, bank statement, BSB/Routing Number and swift code).

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.

SECTION A – EXECUTOR PERSONAL DETAILS

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. Gender: F M 7. Birth Registration Number: 8. Date of Birth (DD/MM/YY): / / 9. Relationship to Deceased:

10. Phone Contact (Home): b) Mobile: 11. Email:

12. a) Postal Address:
b) Residential Address:

13. Preferred Communication - Mobile Email Postal

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

SECTION B – DECEASED PERSONAL DETAILS

1. Full Name (as on Birth Certificate):

Married Name:
(Optional for married women)

2. Father's Name:

3. Mother's Name:

4. Date of Birth of deceased (DD/MM/YY): / / 5. Date of Death (DD/MM/YY): / / 6. Date of Marriage (DD/MM/YY): / /

7. Place of Death: 8. Place of Burial:

SECTION C – PAYMENT DETAILS

You are required to complete this section indicating the mode and payment details.

Deposit to a 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: Number

Swift Code:

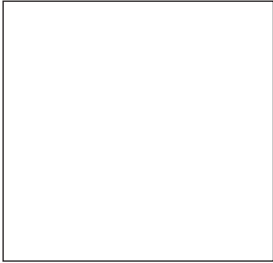
Bank Address:

Mail Bank Draft to my overseas address

SECTION D – DECLARATION

I understand and agree that:

- (a) I have read, understood and answered all the questions and the particulars provided by me are true and correct.
- (b) I hereby indemnify the FNPF Board from any liability whatsoever, including any loss of benefits that may arise as a consequence of approving my Application.
- (c) My application is subject to the provisions in the FNPF Act 2011 and all such rules or guidelines 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 thumb print of Executor

Signature of Executor: _____ Date: _____

Signature of Witness: _____ Date: _____

Name of Witness : _____

Address of Witness : _____

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

Email: information@fnpf.com.fj Website: www.myfnpf.com.fj