FW02N

FIJI NATIONAL PROVIDENT FUND

FNPF
securing your future

WITHDRAWAL APPLICATION

NOMINEE CLAIM

Name of Nominee:

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

We wish to inform you that the late

Has nominated you as a beneficiary to receive his/her FNPF contributions in the event of death.

Please complete the claim form (overleaf) and return to any of our FNPF office nearest to you or through email to:
information@fnpf.com.fj

For CHIEF EXECUTIVE OFFICER

Please complete this form if you have been nominated to receive member's fund in the event of death. 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. Please sign against amendments made and usage of correction fluid/tape is not allowed. Refer to the explanatory below when completing this form.

EXPLANATORY NOTES:

Who is eligible for this withdrawal?

- Persons who are nominated in the current valid nomination filed with the Fund are eligible to withdraw the deceased member's contributions.
- Monies in the deceased member's general and preserved accounts, plus any special death benefit if member is eligible, will be paid out according to the shares allocated by the member.
- Where there is no valid nomination, monies in the deceased member's account shall be paid to the High Court for distribution.
- Where the nominee (other than the spouse) is below the age of 18, then the monies will be paid to the High Court of Fiji.
- If spouse is the sole nominee, he/she will be eligible for a Retirement product. Any sole nominee is eligible for a Draw Down Account and they are required to complete Section C of this form. Please ensure that you have read and understood the Key Feature Statement before you choose a retirement option.

What documents will I need to submit with this application?

You must apply on the prescribed application form FW02N.

The following documents will need to be attached:

- Original or certified copy of your Birth Certificate and Marriage Certificate printed after year 2000.
- Nominees latest 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 3 and swift code).
- A Valid photo ID of the nominee - FNPF Joint ID card, Passport, Drivers License or Voters ID Card.
- Statutory declaration if details of nominee written by deceased differ from nominees birth certificate.

The following are additional documents which you will need to submit if you are purchasing a Retirement product (applicable to sole nominee only):

- Certified true copy of birth and/or marriage certificate of your nominee printed after year 2000.

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 - PERSONAL DETAILS OF DECEASED

1. Full Name of Deceased (as on Birth Certificate):

2. FNPF ID:

SECTION B - PERSONAL DETAILS OF NOMINEE

1. FNPF ID: 2. TIN Number : - - -

3. Full Name of Nominee (as on Birth Certificate):

Married Name:
(Optional for married women)

4. Father's Name: 5.Mother's Name:

6. Birth Registration Number: 7. Date of Birth (DD/MM/YY): / /

8. Gender: F M 9. Email:

10. Phone Contact (Home): b) Work c) Mobile

11. a) Postal Address:

b) Residential Address:

12. **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.

13. If under 18 years of age, please provide name and address of parent/guardian (Funds will be payable to High Court)

Full Name as on Birth Certificate:

Postal Address:

Phone Contact: Home Mobile

SECTION C - WITHDRAWAL OPTIONS (APPLICABLE TO SOLE NOMINEES ONLY)

If you are the spouse and sole nominee of the deceased, you are eligible to purchase Life Pension, Term Annuity and/or Lump Sum and including DrawDown Account as per the FNPF Act Section 56 (4). ***Please tick therelevant option(s) you wish to take and where you would like the interest to this full withdrawal added.***

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 – 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 THREE – DRAWDOWN ACCOUNT *(Must complete DDA Nomination form)*

I wish to receive a DDA payment plan:

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

OPTION FOUR –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:_____%**

5). Member Name: Date of Birth / /

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

6). Member Name: Date of Birth / /

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

OPTION FIVE – LUMP SUM WITHDRAWAL

I wish to receive a LUMP SUM $

SECTION D – NOMINATION

Note: If you have purchased a retirement package 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 E – 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:

☐ **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 F – OTHER PAYMENT DETAILS

If payment details is same as on Section E: (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 G – DECLARATION

I understand and agree to:

(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 from any liability whatsoever, including any loss benefits that may arise as a consequence of approving my application.
(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 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 Nominee

Signature of Nominee: _____ Date: _____

Signature of Witness: _____ Date: _____

Name of Witness: _____

Address of Witness : _____