

## FULL WITHDRAWAL

## MEDICAL APPLICATION

Please complete this form if you are withdrawing ALL your funds due to a medical condition that have rendered you physical or medically incapacitated from engaging in further employment. 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:

#### When can I apply for this withdrawal?

You can apply for this withdrawal when you have been medically assessed that you are physically or mentally incapacitated to engage in further employment.

#### What options are available if my withdrawal is approved?

The following options are available when you fully withdraw your funds:

1. You can withdraw all your funds if you do not want to opt for pension.
2. You can withdraw part of your funds and the balance to purchase any or a combination of a pension product
3. Pension Option to choose from are as follows:
  - Single Life Pension.
  - Joint Life Pension.
  - Single & Joint Life Pension.
  - Term Annuity.
4. You are also able to choose any combination of the above Pension options.

#### Can I rejoin the Fund if I have fully withdrawn my funds?

You can rejoin the Fund and must give a notice to rejoin within 3 months from the date of re-employment. A medical certificate from an authorized doctor certifying that you are medically fit to rejoin employment will need to be attached to the FNPF 3R Form (Registration of Member).

#### What documents will I need to submit with this application?

You must apply on the prescribed application form (FW03) and form (FW03MP).

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

- The member has to complete FNPF form FW03.
- The medical practitioner completes form FW03MP.
- Acceptance of resignation or Termination of employment letter on medical grounds from last employer (if employed in last 6 months) signed by the employer and on the employers letter head.
- FNPF Membership Card or Certified copy of member's valid photo ID.
- A detailed medical report on medical institute's official letter head stamped and signed by the medical practitioner registered under Part 11 of Medical Practitioners Act.
- Where a member is not mentally capable of making decisions, a report from the committee appointed under Medical Treatment Act certifying the mental condition of the member.
- Original or certified copy of birth certificate and/or marriage certificate printed after year 2000.
- Where member opts for joint pension, members original or certified marriage certificate and spouse original or certified birth certificate printed after year 2000.
- 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 pages, bank statement, BSB/Routing Number and swift code).

All document copies must be certified by either an authorised FNPF officer, Justice of Peace, 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 – 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

**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 Employer:

2. Last date Employed:

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 – MEDICAL DETAILS

Please complete and provide the required information relating to medical treatment received by you for the last 5 years.

DATE	NAME AND ADDRESS OF DOCTOR/HOSPITAL	REASON (IF ILLNESS OR INJURY GIVE DURATION AND DATE OF RECOVERY)

## SECTION E – RETIREMENT OPTIONS

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

Entitlement/Balance as at time of withdrawal: \$

### OPTION ONE – LIFE PENSION

I wish to receive a LIFE PENSION

SINGLE PENSION of \$

Whole

Part

If part pension, I would like this interest to be automatically added to this.

Yes

No

### 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 – LUMP SUM WITHDRAWAL

I wish to receive a LUMP SUM

Whole

Part

If part lump sum, I would like this interest to be automatically added to this.

Yes

No

## SECTION F – 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:  /  /

Address:

## SECTION G – LUMP SUM PAYMENT DETAILS

You are required to complete this section indicating the method of payment and payment details:

**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:  Number

Bank Address:

**Mail Bank Draft to my Overseas address:**

## SECTION H – PENSION PAYMENT DETAILS

If payment details is same as on Section F: (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:  Number

Bank Address:

**Mail Bank Draft to my Overseas address:**

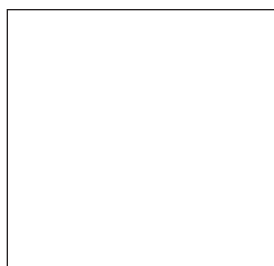
**Payment mode for outer Islands (if no bank account):**

Pension Orders Postal Agency address:

## SECTION I – DECLARATION

I understand and agree that:

- (a) I have read and understood the Key Features Statement on pension 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) This authority may be exercised if my application is approved and I hereby apply and authorize for payment to be made.
- (d) 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 : \_\_\_\_\_

<b>Head Office</b> Provident Plaza 2 Private Mail Bag, Suva Telephone: (679) 330 7811 Facsimile: (679) 330 7811	<b>Lautoka</b> Shop 5, Provident Centre, 6 Naviti Street, Private Mail Bag, Lautoka Telephone: (679) 666 1888 Facsimile: (679) 666 5232	<b>Labasa</b> Rosawa Street Private Mail Bag, Labasa Telephone: (679) 881 2111 Facsimile: (679) 881 2741	<b>Sigatoka Branch</b> Shop 3-4, Hanif Building, Matamata Subdivision Phone: (679) 666 1888	<b>Nadi Agency</b> Shop 2, Lot 13 Concave Subdivision Namaka Lane, Nadi Telephone: (679) 323 8018, 323 8006 Facsimile: (679) 672 8982	<b>Savusavu Agency</b> Budget Lodge Building Ltd Main Street, Savusavu Telephone: (679) 885 3396 Facsimile: (679) 885 3397	<b>Ba Agency</b> Ganga Singh Street, Ba Telephone: (679) 667 0009 Facsimile: (679) 323 8007	<b>Valelevu Agency</b> Shop 3, Rajendra Prasad Bros Supermarket Complex Valelevu Complex Building Saqqa Place, Valelevu Telephone: (679) 3343 671 Facsimile: (679) 3343 670	<b>Nausori Branch</b> Lot 1, Main Street, Nausori Telephone: (679) 323 8030, (679) 323 8031
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Email: [information@fnpf.com.fj](mailto:information@fnpf.com.fj) Website: [www.myfnpf.com.fj](http://www.myfnpf.com.fj)