FW03

FIJI NATIONAL PROVIDENT FUND

FNPF
securing your future

FULL WITHDRAWAL

MEDICAL APPLICATION

Please complete this form if you are withdrawing ALL your funds due to a medical condition that have rendered you physically or medically incapacitated from engaging in further employment. 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 and/or alterations 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 Retirement product
3. You can transfer all or part of your funds to a FNPF Member.
4. Early 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

4. You are also able to choose any combination of the above Early Retirement 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Can I rejoin the Fund if I have fully withdrawn my funds?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 your medical practitoner needs to complete the FW03MP form.

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 within the last 6 months) signed by the employer and on the employers letter head.
- A valid photo ID - FNPF Joint ID card, Passport, Drivers License or Voters ID card.
- 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.
- 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 an **Early 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 spouse and nominee if purchasing a Drawdown Account.

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 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 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 – WITHDRAWAL 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 – SINGLE LIFE PENSION

SINGLE PENSION of $

OPTION TWO – JOINT LIFE 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 the 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:**_____**%**

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 open for the next 3 months.

SECTION J – DECLARATION

I understand and agree that:

(a) I have read and understood the Key Features Statement on Early 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 : _____