

**FW02N**

FIJI NATIONAL PROVIDENT FUND



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.

\_\_\_\_\_  
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 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 No.52, 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 last 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 and 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 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).
- Valid photo ID of the nominee, FNPF membership card or, other valid ID cards such as driver's license and passport.
- Statutory declaration if details of nominee written by deceased differ from nominee's birth certificate.

### **If Nominee is a minor the following document are required:**

- Original or certified copy of your Birth Certificate printed after year 2000.
- Valid photo ID, passport or passport size photo certified by Justice of Peace or Commissioner for Oath or Notary Public (overseas).

### **The following are additional documents which you will need to submit if you are purchasing a pension 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.

## 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

**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 ONLY TO SOLE NOMINEE)

If you are the spouse and sole nominee of the deceased, you are eligible to purchase a retirement package, as per the FNPF Act Section 56 (4). Please indicate the relevant option(s) you wish to take and where you would like the interest to this full withdrawal added.

### 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 added to the amount above.

Yes  No

### 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 – LUMP SUM WITHDRAWAL

I wish to receive a LUMP SUM

Whole  Part

If part lump sum, I would like this interest to be added to the amount above.

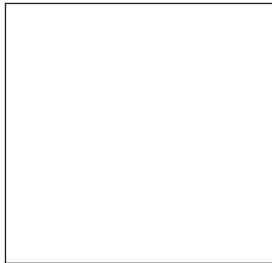
Yes  No



## SECTION G – DECLARATION

I understand and agree to:

- (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 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 : \_\_\_\_\_

Head Office	Lautoka	Labasa	Sigatoka Branch	Nadi Agency	Savusavu Agency	Ba Agency	Valelevu Agency	Nausori Branch
Provident Plaza 2 Private Mail Bag, Suva Telephone: (679) 330 7811 Facsimile: (679) 330 7611	Shop 5, Provident Centre, 6 Naviti Street, Private Mail Bag, Lautoka Telephone: (679) 666 1888 Facsimile: (679) 666 5232	Rosawa Street Private Mail Bag, Labasa Telephone: (679) 881 2111 Facsimile: (679) 881 2741	Shop 3-4, Hanif Building, Matamata Subdivision Phone: (679) 666 1888	Shop 2, Lot 13 Concave Subdivision Namaka Lane, Nadi Telephone: (679) 323 8018, 323 8006 Facsimile: (679) 672 8982	Budget Lodge Building Ltd Main Street, Savusavu Telephone: (679) 885 3396 Facsimile: (679) 885 3397	Ganga Singh Street, Ba Telephone: (679) 667 0009 Facsimile: (679) 323 8007	Shop 3, Rajendra Prasad Bros Supermarket Complex Valelevu Complex Building Saqa Place, Valelevu Telephone: (679) 3343 671 Facsimile: (679) 3343 670	Lot 1, Main Street, Nausori Telephone: (679) 323 8030, (679) 323 8031

Email: [information@fnpf.com.fj](mailto:information@fnpf.com.fj) Website: [www.myfnpf.com.fj](http://www.myfnpf.com.fj)