

Comrade Trustee Services Limited

TRUSTEE FOR THE DEFENCE FORCE RETIREMENT BENEFIT FUND

P.O Box 497, Port Moresby, Telephone: +675 79987900

Email: memberservices@ctsl.com.pg Website: www.ctsl.com.pg

DFRBF Retirement Benefits payment form

Notice to members: Before completing this form, please ensure that you have read about your benefits of the fund or you have contacted the CTSL for advice about your retirement benefits options

Se	tion	A M	IEMBER/API	PLICANT DETAILS	5			
Sui	name	e:			Given Names:			Rank:
		Contri	buting memb	ers name only				
Ser	vice l	No:		Unit of attac	hment:			
	ъ.					_		
1.		ise tick to ormal Retir		type of separation Resignation/Dismi		nent nchment	Medical/Invalidity	Death (refer to 3 d, e)
	140	ormar Keth	ement	Resignation/Distri	155ai Reci e.		Medical/ilivalidity	Death (refer to 3 d, e)
2.	Mar	ital status	of Member:	Single	Married	Divorced	Widower	
	a)	If Married,	name of spo	ouse:			No of year	s married:
	•			:S:			,	
3.	Ont	ion for nav	ment of ret	irement benefits (for death inlease	e refer to (d) or	(e) only)	
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	a)				PNGDF and I ha	ve not secured	new employment the	erefore a refund of my
		contributions and accrued interest is due						
	b)	I have s	erved <i>less th</i>	an 20 yrs with the	PNGDF and I ha	ve secured new	employment therefo	ore a transfer of my
				the authorized sup				
		Name of r	new ASF,				(refer attached)
	c)	I have served 20 yrs and more with the PNGDF and I wish to be paid my benefits after any housing advance deductions						
	-,	as follows. (For death claims please do not fill this section)						
		1.	100% of n	ny benefits are to b	o paid to mo as	a racidual nanc	ion	
		2.		benefits paid as a	•	-		
		3.		•		•		
		 3. 60% of my benefits paid as a pension and 40% as a Lump sum 4. 70% of my benefits paid as a pension and 30% as a Lump sum 						
		5. 80% of my benefits paid as a pension and 20% as a Lump sum						
		6. 90% of my benefits paid as a pension and 10% as a Lump sum						
		7.	,	•	•	•	nnuation fund mention	oned below
			Name of ne	ew ASF,	·			(refer attached)
	d)	I am the legal spouse of the late member and I am aware that his benefits will be paid as a fortnightly pension						
	u)	equivalent to Class "A" for invalidity retirement benefits					forting her pension	
		Marriag	e certificate c	or stat/declaration a	ttached?	□Yes	□No	
	۵١	lam no t	the chause	of the late membe	r howover Lames	logal banafici	ary of the late memb	or
	e)	1 dili 110	. tile spouse	of the late membe	i nowever rain a	i legal bellelici	ary or the late memb	ei
		If you have indicated parts 3 d) or e) of this application, please state your details below Name person applying (if not member):						
		Name	person appl	lying (if not membe	er):			
		Relat	ion to memb	er:		Da	ate of birth:/	J

A/c Non: A/c Name: Branch: Account Type: Phone Contacts: Declaration hereby particular. Place declare to the best of my knowledge and belief that the information supplied by me in this application is true and correct in every particular. Posterior of my knowledge and belief that the information supplied by me in this application is true and correct in every particular. Date: PNGDF USE ONLY POSTER ONLY POSTE	Forwarding Address		Bank account detail	s of applicant	
Branch: Account Type: Bank:					
Phone Contacts: Bank:			A/c Name:		
Phone Contacts: Bank: Declaration hereby declare to the best of my knowledge and belief that the information supplied by me in this application is true and correce very particular. Policiant Signature :			Branch:		
Declaration Interestly declare to the best of my knowledge and belief that the information supplied by me in this application is true and correct every particular. Interest Name Interest Name Interest Signature Interest S			Account Type:		
percept declare to the best of my knowledge and belief that the information supplied by me in this application is true and correce every particular. Date:	Phone Contacts:		Bank:		
PNGDF USE ONLY ection B AUTHORIZATION OF SEPARATION FROM EMPLOYMENT To be completed and certified by the Authorized Representative of the Directorate of Personnel Branch, H.Q PNGDF (Murray barracks) ype of discharge authorized by P. N. G. D. F Own request Dismissal Retirement Retrenchment Medical Retirement — Class:	hereby declare to the best of my n every particular. pplicant Signature : <u>x</u>		Date:/		true and correc
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Own request Dismissal Retirement Retrenchment Medical Retirement — Class:	To be completed at	in certifically the members are repre-		· cisamici pranci pri de la company	
Date of birth:	·· · · · · · · · · · · · · · · · · · ·		nent Medical Retiren	nent – Class:, %	Death
Date of birth:	lame of Member:		Service No:	Payroll No:	
Daily rate of pay: K				•	
ortnightly contributions: K Final D.F.R.B.F Contribution made on PPE:/ Amt:	rate of birth:/				
Nominee 1 Relation to member Date of birth Nominee 2 Relation to member Date of birth Nominee 2 Relation to member Date of birth Share 9		Age: Date of En	listment:/	Years of effective ser	vice:
Nominee 1 Relation to member Date of birth Nominee 2 Relation to member Date of birth Nominee 2 Relation to member Date of birth Share 9	Date of Discharge://				
Nominee 1 Relation to member Date of birth Address Share 9 Nominee 2 Relation to member Date of birth Share 9	-	Daily rate of pay:	K	Annual Salary: K	
Nominee 2 Relation to member Date of birth	-	Daily rate of pay:	K	Annual Salary: K	
	ortnightly contributions: K	Daily rate of pay: Final D.F.R.B.F Co	K ntribution made on PPE:	Annual Salary: K //Amt:	
	ortnightly contributions: K	Daily rate of pay: Final D.F.R.B.F Co	K ntribution made on PPE:	Annual Salary: K //Amt:	
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uthorization by Employer I (rank & name) as authorized by the PNGDF and the Comrade Trustee Services Limited from time to time, duly certify all the information and documentation contained herein to b true and correct in every way. Please execute payments as stated out in sections A & B of this application.	ortnightly contributions: K etails of Nominated beneficiar Nominee 1	Daily rate of pay: Final D.F.R.B.F Co ries stated in P.H.1 Relation to member	ntribution made on PPE: Date of birth / /	Annual Salary: K //Amt:	Share %
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CHECKLIST FOR BENEFIT PAYMENT

To be completed by the Member Service Office of the Comrade Trustee Services Limited

Verification of documentation and procedure

DO	CUMENTATION	Comment
1.	☐ FP24/25 is attached	
2.	☐ Discharge signal/authority is attached	
3.	☐ Status of employment is declared	
4.	☐ Medical discharge certification	
5.	☐ Birth certificates or statutory declarations of dependents	
6.	☐ Copy of PH1 attached, stamped and signed	
PR	OCEDURE	
7.	☐ Section "B" of this application has been executed by the PNGDF?	
8.	☐ Is section 32 (b) of the DFRBF Act applicable?	
9.	☐ Has the member undergone counseling by MS Office?	
10.	☐ The data on application and documentation are consistent?	
МН	Α	
11.	☐ Are there monies owed to MHA Scheme?	
	If yes, how much?and is statement attached?	
DE	ATH (Widow/child/other)	
12.	☐ Is this a death claim?	
a)	☐ Is section 42(a) & (b) of the DFRBF act applicable?	
b)	☐ Is the late member survived by his wife and children?	
c)	☐ Is this a child pension benefit?	
d) e)	☐ Are there any child dependants below 18 years of age? If yes, how many?	
f)	☐ Is there a guardian of a NOK applicable here?	
g)	☐ Are there any disputes towards the payee of this application?	
ME	DICAL DISCHARGE	
	☐ Is this a medical discharge authorized by the PNGDF?	
	☐ Is section 38 of the DFRBF Act applicable?	
GE	NERAL	
	☐ Is the applicant due for a refund of retirement savings only?	
	☐ Is the applicant due for a lump sum and pension payment?	
	☐ Is the applicant due for a pension only?	
	☐ Is this a transfer of retirement savings?	
·-	5	
18.	☐ Bank A/C provided for payment is confirmed valid?	
	☐ Please state the relevant section in the DFRBF Act under which this pa	·
20.	☐ Please state the relevant section of the Superannuation General Provi permitted. Ref:	• •
Authorizati	on	
As trustee fo	or the fund, we are satisfied with our checks and confirmations of the abo ted out in sections A & B of this application. This application is cleared for	
Checked by:	Signature:	Date:
Certified by:	Signature:	Date:/

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Section D PAYMENT BY FUND ADMINISTRATOR

To be completed and certified by the Fund Administrators representative

application received	on the/		
	: payment application has been p thorized payee (s) and bank acco	aid and is disbursed in the following manr unt details are as follows;	ner
1.	Name:		
	A/C No:		
	Bank:		
	Amount:		
2.	Name:		
	A/C No:		
	Bank:		
	Amount:		
Payme	nt has been deposited into the ab	oove account (s) on/	
b) The for	tnightly pension amount is K	/fortnight commencin	ng at PPE:/
Compiled by:		Signature:	Date://
ertified by:		Signature:	Date://
omrade Trustee Service .O Box 497 ort Moresby	s Limited		
ersion: 3 – 12/4/2011			