



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

Section A MEMBER/APPLICANT DETAILS

Surname: _____ Given Names: _____ Rank: _____
Contributing members name only

Service No: _____ Unit of attachment: _____

1. Please tick to indicate the type of separation from employment

Normal Retirement Resignation/Dismissal Retrenchment Medical/Invalidity Death (refer to 3 d, e)

2. Marital status of Member: Single Married Divorced Widower

a) If Married, name of spouse: _____ No of years married: _____
 No. of child dependants: _____

3. Option for payment of retirement benefits (for death, please refer to (d) or (e) only)

- a) I have served **less than 20 yrs** with the PNGDF and I have not secured new employment therefore a refund of my contributions and accrued interest is due
- b) I have served **less than 20 yrs** with the PNGDF and I have secured new employment therefore a transfer of my retirement savings to the authorized superannuation fund mentioned below is due
 Name of 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 my benefits are to be paid to me as a residual pension
 2. **50%** of my benefits paid as a pension and **50%** as a Lump sum
 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. A transfer of my retirement savings to the authorized superannuation fund mentioned below
 Name of new 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 equivalent to Class "A" for invalidity retirement benefits
 Marriage certificate or stat/declaration attached? ☐ Yes ☐ No
- e) I am **not the spouse** of the late member however I am a **legal beneficiary** of the late member

If you have indicated parts 3 d) or e) of this application, please state your details below

Name person applying (if not member): _____

Relation to member: _____ Date of birth: ____/____/____

Forwarding Address	Bank account details of applicant
	A/c No:
	A/c Name:
	Branch:
	Account Type:
Phone Contacts:	Bank:

I hereby 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.

Witness Signature : X Date: / /

To be completed and certified by the Authorized Representative of the Directorate of Personnel Branch, H.Q PNGDF (Murray barracks)

Fortnightly contributions: K_____ Final D.F.R.B.F Contribution made on PPE: ____/____/____ Amt: _____

Nominee 1	Relation to member	Date of birth	Address	Share %
		/ /		
Nominee 2	Relation to member	Date of birth		Share %
		/ /		

☐ Refund only ☐ Lump sum & Pension ☐ Widow Pension ☐ Child Pension ☐ Pension only

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 be true and correct in every way. Please execute payments as stated out in sections A & B of this application.

Date : / /

Affix stamp here

Section C

CHECKLIST FOR BENEFIT PAYMENT

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

Verification of documentation and procedure

DOCUMENTATION**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

PROCEDURE

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?

MHA

11. ☐ Are there monies owed to MHA Scheme?
If yes, how much? _____ and is statement attached?

DEATH (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) ☐ Are there any child dependants below 18 years of age?
- e) ☐ 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?

MEDICAL DISCHARGE

13. ☐ Is this a medical discharge authorized by the PNGDF?
- a) ☐ Is section 38 of the DFRBF Act applicable?

GENERAL

14. ☐ Is the applicant due for a refund of retirement savings only?
15. ☐ Is the applicant due for a lump sum and pension payment?
16. ☐ Is the applicant due for a pension only?
17. ☐ Is this a transfer of retirement savings?
18. ☐ Bank A/C provided for payment is confirmed valid?
19. ☐ Please state the relevant section in the DFRBF Act under which this payment is to be executed.
Ref: _____
20. ☐ Please state the relevant section of the Superannuation General Provisions (Amendment) Act this payment is permitted. Ref: _____

Authorization

As trustee for the fund, we are satisfied with our checks and confirmations of the above particulars required for processing benefits stated out in sections A & B of this application. This application is cleared for final settlement by the funds Administrator.

Checked by: _____ Signature: _____ Date: ____/____/____

Certified by: _____ Signature: _____ Date: ____/____/____

Section D PAYMENT BY FUND ADMINISTRATOR

To be completed and certified by the Fund Administrators representative

Application received on the ____/____/____

1. This benefit payment application has been paid and is disbursed in the following manner

a) The authorized payee (s) and bank account details are as follows;

1. Name: _____

A/C No: _____

Bank: _____

Amount: _____

2. Name: _____

A/C No: _____

Bank: _____

Amount: _____

Payment has been deposited into the above account (s) on ____/____/____

b) The fortnightly pension amount is K_____/fortnight commencing at PPE: ____/____/____

2. We have transferred a total of K_____ being the members final entitlements from the DFRBF to the following (ASF), _____

Compiled by: _____ Signature: _____ Date: ____/____/____

Certified by: _____ Signature: _____ Date: ____/____/____

Comrade Trustee Services Limited
P.O Box 497
Port Moresby

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