



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

Pension Form

(Please Tick appropriate box):

3 Months Medical-Advance

6 Months-Advance

Reactivation/Payment

Checklist Renewal

1. PENSIONER DETAILS:

Name:

Service Number:

Pension Number:

Date of Birth:

Date of Discharge:

Name of Spouse: _____ Spouse DOB: _____ Spouse Status: ☐ alive ☐ deceased
☐ Divorced/remarried
(Please Tick appropriate box)

Retirement

Widow

Child

Medical

Power of Attorney (POA); if yes.....

Name of POA: _____

Relationship to Pensioner: _____

3. POSTAL ADDRESS & CONTACT DETAILS:

Postal Address:

Residential Address:

Land Line:

Mobile:

Email:

4. BANK ACCOUNT DETAILS

Account Name											
Type of Account											
Account Number											
Bank											

Pensioners Signature: _____ Date: _____

5. OFFICE USE ONLY:

Reviewed by:	Date: ____/____/____	Signature:
Approved by:	Date: ____/____/____	Signature: