



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 Accumulation Scheme Benefits Payment Form

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

Section A MEMBER/APPLICANT DETAILS

1. Surname: _____ Given Names: _____ Rank: _____

Service Number: _____ Member Number: (oo) _____ Payroll Number: _____

Forwarding Address: _____

Contacts numbers: _____

Digicel#:

B-Vodafone#:

Landline#:

2. Marital status of Member: Single Married Divorced Others : Please state _____

3. Indicate type of payment: Withdrawal of benefits Lump Sum on Death Transfer of Funds Lump Sum Invalidity Unemployment

4. Bank account details of member/applicant.

Bank Name	Account Name	Account Number	Branch

5. Fund Member or Next of Kin Declaration

I, _____ declare that this application has been completed in full and the information provided is true and correct.

Signature of applicant: x Date: ____/____/____

Name of Witness: _____ Witness Signature: x Date: ____/____/____

PNGDF USE ONLY

Section 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)

Name of Member: _____ Service No: _____ Payroll No: _____

Date of birth: ____/____/____ Age: _____ Date of Enlistment: ____/____/____ Years of effective service: _____

Date of Discharge: ____/____/____ Daily rate of pay: K_____ Annual Salary: K_____

Fortnightly contributions: K_____ Final Contribution made on PPE: ____/____/____ Amt: _____

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

Signature : x

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

(Section A)

NORMAL REFUND

1. ☐ Discharge Signal/authority is attached
2. ☐ Status of employment is declared
3. ☐ Bank statement
4. ☐ Copy of ID

Comment**TRANSFER OF FUNDS**

5. ☐ Secured new employment
6. ☐ New Authorized Superannuation fund and the name of the ASF
7. ☐ ASF Statement
8. ☐ Copy of ID
9. ☐ Letter of confirmation from the new employer

UNEMPLOYMENT

10. ☐ Tax form
11. ☐ Three (3) payslip
12. ☐ Bank statement for last 3 months without employment
13. ☐ Statutory declaration form

(Section B)

LUMP SUM DEATH

1. ☐ Death Certificate
2. ☐ Copy of PH1 attached, stamped & signed
3. ☐ Notices from PNGDF provided

(Section C)

PROCEDURE

1. ☐ Section "B" of this application has been executed by PNGDF?
2. ☐ Has the member undergone counselling by MS Officer?
3. ☐ The data on application and documentation are consistent?

MHA

4. ☐ Are there money owed to MHA Scheme? Yes, how much? _____ See attached MHA Statement.

GENERAL

5. ☐ Is the applicant due for a refund of retirement savings only?
6. ☐ Is this a transfer of retirement savings?
7. ☐ Is this a Lump sum Invalidity benefit?
8. ☐ Is this a Lump sum death benefit?
9. ☐ Bank A/C provided for payment is confirmed valid?

10. ☐ Please state the relevant section in the DFRBF Act under which this payment is to be executed

Ref: _____

11. ☐ Please state the relevant section of the Superannuation General Provisions (Amendment) Act this payment is permitted

Ref: _____

AUTHORIZATION: As Trustees 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 Fund's Administrator.

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

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