

Papua New Guinea Defence Force Retirement Benefit Fund Act  
**APPLICATION BY MEMBER FOR \*PENSION/REFUND OF CONTRIBUTIONS**

- Notes:
- 1. \*Delete that which is not applicable
  - 2. A penalty is prescribed where any person makes any false or misleading statement in any information required or given for the purpose of or in connection with any matter arising under the Act or its Regulations.
  - 3. †Copies of Certificates of marriage and birth of children or other evidence satisfactory to the Board must be attached.
  - 4. ††The signature to this application must be witnessed by a Commissioner for Declarations; a person in charge of a post office; Police Stipendiary, Special Magistrate; Justice of the Peace; Barrister or Solicitor; Public Officer; Member of the Police Force; Legally Qualified Medical Practitioner; Notary Public; Commissioner for Affidavits; Minister of Religion; Bank Manager; or an adult contributor under the Commonwealth Superannuation Act or the Papua New Guinea Defence Force Pension Act.

**SECTION 1** **DECLARATION**  
(To be completed by all applications (Please use BLOCK letters))

(Other Names)

(Family Name)

(Service No.)

(Rank)

\_\_\_\_\_ formerly a member of the \_\_\_\_\_ Force(s), hereby apply benefits under the

Papua New Guinea Defence Force Retirement Benefit Fund Act. I declare that to the best of my knowledge and belief the information supplied by me in this application is true and correct in every particular.

(Signature of Witness)

(Signature of Applicant)

(Date)

(Date)

(Occupation)

Bank account of applicant, to which payments will be deposited to;

(Address)

**SECTION 2** **†MARRIAGE PARTICULARS**  
(To be completed by applicants for pension only (Please use BLOCK letters))

All status (Tick appropriate box)

Single ☐

Marriage ☐

Widowed ☐

(Place of Marriage)

(Date of Marriage)

Details of Spouse

(Family name before Marriage)

(Other Name)

Details of children under 18 years (including legally adopted children)

Family Name	Other Names	Date of Birth

## DETAILS OF MEMBER TO BE SUPPLIED BY DEPARTMENT

### SECTION 1 (To be completed by Records)

Date of Birth	Date of entry to services	Date of retirement
Period of initial engagement		Date and period of each re-engagement
Rank( as defined by the Act) on retirement	Prescribed retiring	Reason for retirement

### SECTION 2 (To be completed by Defence Force paying officer)

Daily rate of pay at retirement	Fortnightly contribution	
	K	
Date last contribution deducted	Variation Schedule Number	Pay day date
Period and type of non-effective service in excess of twenty-one days	Annual salary	
	K	

Authorized officer

\_\_\_\_\_  
(Signature) (Date) (Place)

### SECTION 3 (To be complete by SO2 DFRB)

\_\_\_\_\_  
(Certifying Officer) (Signature) (Date)