



Member's Voluntary Account Withdrawal Application Form

[National Retirement Benefits Scheme (Administration) Regulations 25]

A. PARTICULARS OF APPLICANT

Member's Name: (Hingoa)	Member ID:
Employer: (Ngaue'anga)	Phone: (Telefoni)
Date of Birth:	Address: (Tu'asila)
Effective Date of Ceased Service: (Aho na'e ngata ai ho'o ngaue)	
Requested Amount: <input type="checkbox"/> Partial Payment or <input type="checkbox"/> Member Voluntary Balance (Pa'anga Totongi) \$	Email:

B. METHOD OF BENEFITS PAYMENT

<input type="checkbox"/> Cheque (Sieke)	<input type="checkbox"/> Bank Account (Akauni Pangike)	A/C No.: (Fika Akauni)
Name of Account:		
Name of Bank:		
Bank Address:		

C. DECLARATION

I hereby indemnify the National Retirement Benefits Fund from any liability whatsoever, including any loss of benefit that may arise as a consequence in acceding and approving my application for withdrawal of my member's voluntary account. (Oku ou faka'ata 'a e Poate Sino'i Pa'anga Malolo Fakafonua mei ha ngaahi mo'ua pe kau ai 'a e mole 'a 'eku monu'ia malolo mei he ngaue tu'unga 'i he tohi kole ni)

Signature: Date:

SUPPORTING DOCUMENTS

These documents are required to be submitted together with your application:

- A certified copy of member's birth certificate; and
- A letter from your Employer confirming decision on your ceased service.

OFFICIAL USE ONLY

Checked by: (NRBF Officer)
Verified by: (Operations Manager)

Comments & Recommendations

☐ Approved ☐ Not Approved

Chief Executive Officer: Date: