



## Early Release: Redundancy & Medical Ground Application Form

[ National Retirement Benefits Scheme (Administration) Regulations 26(a),(b) ]

### A. PARTICULARS OF APPLICANT

Member's Name: ..... Member ID: .....  
(Hingoa)

Employer: ..... Phone: .....  
(Ngaue'anga) (Telefoni)

Date of Birth: ..... Address: .....  
(Tu'asila)

Effective Date of Ceased Service: .....  
(Aho na'e ngata ai ho'o ngaue)

Purpose of this Application:  Redundancy  Medical Ground Email: .....  
(Taumu'a 'o e kole ni)

### B. METHOD OF BENEFITS PAYMENT

Cheque  Bank Account A/C No.: .....  
(Sieke) ('Akauni Pangike) (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 the early release of my retirement benefits. ('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;
- A letter from your Employer confirming decision on your ceased service (Redundancy or Medical Ground); and
- For Medical Ground only, a letter from the Medical Board certifying the member's ceasing employment due to medical ground.

### OFFICIAL USE ONLY

Checked by: ..... (NRBF Officer)

Verified by: ..... (Operations Manager)

### Comments & Recommendations

Approved  Not Approved

Chief Executive Officer: ..... Date: .....