



Comrade Trustee Services Limited

TRUSTEE FOR THE DEFENCE FORCE RETIREMENT BENEFIT FUND

P.O Box 497, Port Moresby, Telephone: +675 303-9000/7998-7909 Fax: +675 323-9856

Email: memberservices@ctsl.com.pg Website: www.ctsl.com.pg

DFRBF Retirement Benefits payment form

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

Section A MEMBER/APPLICANT DETAILS

Surname: _____ Given Names: _____ Rank: _____
Contributing members name only

Service No: _____ Unit of attachment: _____

1. Please tick to indicate the type of separation from employment

Normal Retirement Resignation/Dismissal Retrenchment Medical/Invalidity Death (refer to 3 d, e)

2. Marital status of Member: Single Married Divorced Widower

a) If Married, name of spouse: _____ No of years married: _____
 No. of child dependants: _____

3. Option for payment of retirement benefits (for death, please refer to (d) or (e) only)

- a) I have served **less than 20 yrs** with the PNGDF and I have not secured new employment therefore a refund of my contributions and accrued interest is due
- b) I have served **less than 20 yrs** with the PNGDF and I have secured new employment therefore a transfer of my retirement savings to the authorized superannuation fund mentioned below is due
 Name of new ASF, _____ (refer attached)
- c) I have served **20 yrs and more** with the PNGDF and I wish to be paid my benefits after any housing advance deductions as follows. (For death claims please do not fill this section)
1. **100%** of my benefits are to be paid to me as a residual pension
 2. **50%** of my benefits paid as a pension and **50%** as a Lump sum
 3. **60%** of my benefits paid as a pension and **40%** as a Lump sum
 4. **70%** of my benefits paid as a pension and **30%** as a Lump sum
 5. **80%** of my benefits paid as a pension and **20%** as a Lump sum
 6. **90%** of my benefits paid as a pension and **10%** as a Lump sum
 7. A transfer of my retirement savings to the authorized superannuation fund mentioned below
 Name of new ASF, _____ (refer attached)
- d) I am the **legal spouse** of the **late member** and I am aware that his benefits will be paid as a fortnightly pension equivalent to Class "A" for invalidity retirement benefits
Marriage certificate or stat/declaration attached? Yes No
- e) I am **not the spouse** of the late member however I am a **legal beneficiary** of the late member

If you have indicated parts 3 d) or e) of this application, please state your details below

Name person applying (if not member): _____

Relation to member: _____

Date of birth: ____/____/____

Verification of documentation and procedure

DOCUMENTATION

- 1. FP24/25 is attached
- 2. Discharge signal/authority is attached
- 3. Status of employment is declared
- 4. Medical discharge certification
- 5. Birth certificates or statutory declarations of dependents
- 6. Copy of PH1 attached, stamped and signed

Comment

PROCEDURE

- 7. Section "B" of this application has been executed by the PNGDF?
- 8. Is section 32 (b) of the DFRBF Act applicable?
- 9. Has the member undergone counseling by MS Office?
- 10. The data on application and documentation are consistent?

MHA

- 11. Are there monies owed to MHA Scheme?
If yes, how much? _____ and is statement attached?

DEATH (Widow/child/other)

- 12. Is this a death claim?
- a) Is section 42(a) & (b) of the DFRBF act applicable?
- b) Is the late member survived by his wife and children?
- c) Is this a child pension benefit?
- d) Are there any child dependants below 18 years of age?
- e) If yes, how many? _____
- f) Is there a guardian of a NOK applicable here?
- g) Are there any disputes towards the payee of this application?

MEDICAL DISCHARGE

- 13. Is this a medical discharge authorized by the PNGDF?
- a) Is section 38 of the DFRBF Act applicable?

GENERAL

- 14. Is the applicant due for a refund of retirement savings only?
- 15. Is the applicant due for a lump sum and pension payment?
- 16. Is the applicant due for a pension only?
- 17. Is this a transfer of retirement savings?
- 18. Bank A/C provided for payment is confirmed valid?

- 19. Please state the relevant section in the DFRBF Act under which this payment is to be executed.
Ref: _____

- 20. Please state the relevant section of the Superannuation General Provisions (Amendment) Act this payment is permitted. Ref: _____

Authorization

As trustee 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 funds Administrator.

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

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

Section D PAYMENT BY FUND ADMINISTRATOR

To be completed and certified by the Fund Administrators representative

Application received on the ____/____/____

1. This benefit payment application has been paid and is disbursed in the following manner

a) The authorized payee (s) and bank account details are as follows;

1. Name: _____

A/C No: _____

Bank: _____

Amount: _____

2. Name: _____

A/C No: _____

Bank: _____

Amount: _____

Payment has been deposited into the above account (s) on ____/____/____

b) The fortnightly pension amount is K_____/fortnight commencing at PPE: ____/____/____

2. We have transferred a total of K_____ being the members final entitlements from the DFRBF to the following (ASF), _____

Compiled by: _____ Signature: _____ Date: ____/____/____

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

Comrade Trustee Services Limited
P.O Box 497
Port Moresby

Version: 3 – 12/4/2011