



# Comrade Trustee Services Limited

TRUSTEE FOR THE DEFENCE FORCE RETIREMENT BENEFIT FUND  
P.O Box 497, Port Moresby, Telephone: +675 323-3651/79987909 Fax: +675 323-9856  
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## 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  Transfer of Funds  Unemployment  
 Lump Sum on Death  Lump Sum Invalidity

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:   χ   Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Witness: \_\_\_\_\_ Witness Signature:   χ   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\_\_\_\_\_

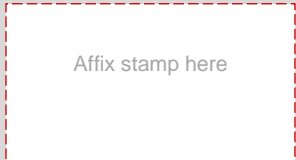
Fortnightly contributions: K\_\_\_\_\_ Final Contribution made on PPE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amt: \_\_\_\_\_

#### 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 : \_\_\_\_/\_\_\_\_/\_\_\_\_



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:   χ   Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Certified by: \_\_\_\_\_ Signature:   χ   Date: \_\_\_\_/\_\_\_\_/\_\_\_\_