



Defence Force Retirement Benefit Fund

(The "Principal") 'a'

AND

(The "Attorney") 'b'

POWER OF ATTORNEY

COMRADE TRUSTEE SERVICES LIMITED

Ground Floor
Comrade Haus
Frangipani Street
(P O Box 447)

**Port Moresby, NCD
PAPUA NEW GUINEA**

Telephone: (675) 320 3455/1801007

Facsimile: (675) 321 5840/320 1710

GENERAL POWER OF ATTORNEY

THIS DEED is made on the.....day of.....2015

BY: Mr/Mrs: _____
of
Village: _____
District: _____
Town: _____
Province: _____
Telephone/Mobile: _____
Email Address: _____
Postal Address: _____
Residential address: _____
of Papua New Guinea;

Color Photograph of the Pensioner

Type of Pension: Retiree () Pension No.....
Widow () of late.....
Child () of member.....
of the Defence Force Retirement Benefit Fund.

1. I, the Principal hereby appoint,

Mr/Ms/Miss/Mrs: _____
of
Village: _____
District: _____
Town: _____
Province: _____
Occupation: _____
Telephone/Mobile: _____
Email Address: _____
Postal Address: _____
Residential address: _____
of Papua New Guinea, to be my Attorney

Color Photograph of the Attorney

Relationship to the Pensioner..... Signature.....

- The Attorney may do on my behalf everything necessary or expedient for the purpose of executing, receiving, delivering and in any way completing all such documents as may be necessary to enable or assist me in relation to my pension in Defence Force Retirement Benefit Fund. (the said Fund)
- I, declare that all acts, matters and things done by the Attorney in exercising powers under this power of attorney will be as good and valid as if they had been done by myself as the "Principal" and agree to ratify and confirm whatever the Attorney does in exercising powers under this power of attorney.
- These presents and the powers and authorities hereby given shall remain in full force and effect until notice of the revocation of these presents shall be received by the Attorney and the Fund's trustee.
- These presents and the powers and authorities hereby given shall automatically cease to have effect upon the death of the Principal. The attorney is obligated to inform the Fund's Trustee should this event transpire.

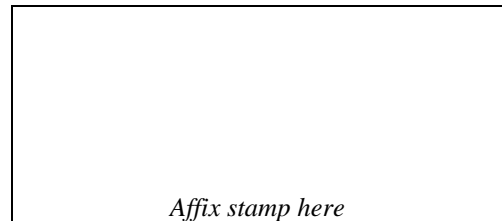
6. The execution of any deed, instrument, contract, certificate or other document executed by the Attorney pursuant hereto shall be conclusive evidence that no notice of revocation of these presents has been received by the Attorney.
7. I, the "Principal" indemnify the Attorney against liability, loss, costs, charges or expenses arising from the exercise of powers under this power of attorney.
8. I, the "Principal" declare that myself and "Immediate Relatives" claiming under the Principal are bound by anything the Attorney does in exercising powers under this power of Attorney.

Signed, sealed and delivered)
 by the said **Principal**)
 in the presence of:-)

 Principal's mark or name

 SIGNATURE OF WITNESS
 (Commissioner of Oaths)

 NAME & TITLE OF WITNESS



 ADDRESS OF WITNESS

 SIGNATURE OF WITNESS (Behalf of Fund)

 NAME OF WITNESS (Behalf of Fund)