



Comrade Trustee Services Limited

TRUSTEE FOR THE DEFENCE FORCE RETIREMENT BENEFIT FUND

P.O Box 497, Port Moresby, Telephone: +675 323-3651/79987-909 Fax: +675 323-9856
Email: memberservices@ctsl.com.pg Website: www.ctsl.com.pg

Date: ____/____/____

The Manager- DFRBF Member Service

Dear Sir/Madam

SUBJECT: THREE MONTHS MEDICAL PENSION ADVANCE PAYMENT

I hereby wish to formally apply to the Comrade Trustee Services Limited for a (3) three month advance of my DFRBF pension benefit as per the terms and conditions of the pension policy. The proposed period in which my pension shall be advanced will include the pay period ending ____/____/____ to ____/____/____ for the total amount of K _____ equivalent to 12 fortnights.

1. Given Names: _____ Surname: _____ Date of Birth: ____/____/____
Pension No: _____ Service No: _____

2. TYPE OF PENSION (Tick appropriate box)

Medical Power of Attorney

3. POSTAL ADDRESS & CONTACT DETAILS

Phone No: _____
Fax No: _____

Mobile No: _____

4. BANK ACCOUNT DETAILS

Account Name										
Account Number										
Type of Account										
Bank & Branch										

5. REASON FOR THIS ADVANCE:

Pensioners Signature: _____

Date: ____/____/____

6. FOR OFFICIAL USE ONLY

Received by CTSL Officer: _____ Date: ____/____/____ Signature: _____

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

