



# Comrade Trustee Services Limited

TRUSTEE FOR THE DEFENCE FORCE RETIREMENT BENEFIT FUND

P.O Box 497, Port Moresby, Telephone: +675 7998 7900/79987-909 Fax: +675 323-9856

Email: [memberservices@ctsl.com.pg](mailto:memberservices@ctsl.com.pg) Website: [www.ctsl.com.pg](http://www.ctsl.com.pg)

## Member Voluntary Deduction Form

Type of Scheme (tick a box):  Accumulation Scheme  Defined Scheme

To: **THE PAY OFFICE:** \_\_\_\_\_

### MEMBER DETAILS

From: Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Joined Employer: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Joined Fund: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payroll No: \_\_\_\_\_ Member No: \_\_\_\_\_

Employer Code: \_\_\_\_\_ Employer Name: \_\_\_\_\_

### AUTHORIZATION BY MEMBER

I hereby authorise you to deduct voluntary superannuation contribution from my salary and remit funds to Comrade Trustee Services Limited.

My fortnightly voluntary contribution rate will be; **(Fill in your choice)** K \_\_\_\_\_ or \_\_\_\_\_% to be remitted to the Fund.

I understand that this is in addition to my current minimum prescribed fortnightly contribution rate of 6%.

\_\_\_\_\_  
Member's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

### AUTHORIZATION BY THE EMPLOYER

Employer Representative: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorised Representative

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Affix auth. Stamp