



Comrade Trustee Services Limited

TRUSTEE FOR THE DEFENCE FORCE RETIREMENT BENEFIT FUND

P.O Box 497, Port Moresby, Telephone: +675 7998 7900

Email: memberservices@ctsl.com.pg Website: 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