

TUVALU NATIONAL PROVIDENT FUND

PROVIDENT FUND (COVID-19 RELIEF BENEFIT) ORDER [CLAIM FOR COVID-19 RELIEF BENEFIT]

PART A: APPLICANT USE ONLY	Member's NBT Account Name:
TNPF ID No.:	
Retirement Account No.:	Member's NBT Account Number:
Date of Birth://	01—
First Name:	Purpose of withdrawal [tick (a), or (b), or (c)]:
Surname:	(a) Redundant during Public Emergency
Employer:	(b) Loss of Income Earnings =/>20%)
Position:	(c) Financial Support during Public Emergency
Contact (Ph.#.):	Declaration:
Proposed Amount: \$	I certify that the information provided in this Part is true as to the best of my knowledge.
Period of Public Emergency Claimed:	Applicant's Signature:
	Date of Application://
PART B: OFFICER'S ASSESSMENT Retirement Account Balance (RAB): \$	
Membership Card produced?	Loan Account Balance (LAB): \$
Identity Confirmed?	RAB — LAB: \$
Required documents provided? Is Variance enough to pay benefit claimed?	
Further Remarks/Comments:	
Declaration: I certify that the information provided in Part A and all the attached supporting documents (if any) are suf-	
ficient to support consideration and approval of this member's Covid-19 Relief benefit.	
Date of Assessment://	Signature: MEMBERS SERVICES OFFICER
Dute of Assessment/// WEWDERS SERVICES OF TICER	
PART C: GENERAL MANAGER'S COMMENTS & DECISION:	
APPROVED / DECLINED	
PART D: FOR OFFICE USE ONLY	
Member's Balance in RAB — LAB on Date of Appl	ication: \$
Less Amount Approved to be withdrawn as Covid-19	P Relief benefit: \$
Less Withdrawal Fees:	\$
Member's Retirement Account Balance Brought For	ward: \$
PV NUMBER: CHEQUE NUMBER:	