



**TUVALU NATIONAL PROVIDENT FUND
PROVIDENT FUND (BENEFIT) REGULATIONS
[CLAIM FOR DEATH BENEFIT]**

Form B7 20(1)(f)

PART A: APPLICANT USE ONLY

Information on Deceased Member:

TNPF ID No:
 TNPF Retirement Account No.:
 First Name:
 Surname:
 Name of Last Employer:.....
 Date of Death?/...../.....

Information on Person Making Claim:

Full Name of person making Claim:

 Are you making claim as a beneficiary? State YES or NO:
 Claimants Relationship to Deceased Member:

 Address of Claimant:

Declaration:

I certify that the information provided in this Part is true as to the best of my knowledge.

Claimant's Signature:.....
 Date:...../...../.....

PART B: OFFICER'S ASSESSMENT

Is the Identity of Person Making Claim Confirmed?
 Is the Claimant a genuine beneficiary?
 Was the Death Certificate Provided by Claimant?
 Have all contributions received?
 Have all contributions posted?
 NBT/DBT loans secured with PF?
 If Yes, loan balances obtained?

Declaration:

I certify that the information provided in Part A and all the attached supporting documents are sufficient to support consideration and approval of this member's retirement benefit .

Signature:.....
 CUSTOMER SERVICES OFFICER

Date:...../...../.....

PART C: GENERAL MANAGER'S COMMENTS & DECISION:

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APPROVED / DECLINED

.....
GENERAL MANAGER

PART D: FOR OFFICE USE ONLY

Member's Final Balance in Retirement Account: \$.....
 Less Amount to be transferred to clear Loan Account (if any): \$.....
 Less Withdrawal Fees: \$.....
 Member's Total Retirement Benefit: \$.....

Member's NBT Loan Balance: \$.....

Member's DBT Loan Balance: \$.....

**EXPECTED NET AMOUNT
 PAYABLE TO MEMBER: \$_____**

PV NUMBER:

CHEQUE NUMBER:

DATE OF ISSUE:/...../.....

PREPARED BY: