



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

Form B4 20(1)(c)

PART A: APPLICANT USE ONLY

TNPF ID No.:

TNPF Retirement Account No.:

First Name:

Surname:

Date of Birth:/...../.....

Place of Usual Residence:

Last or Current Employer:

Are you providing a medical report to support or justify that you are incapable to engage in future employment?
State YES or NO?

If claiming on behalf of Incapacitated Member, State relationship to the Incapacitated Member?
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Have you been authorized to act on behalf of member:

Date all your Contributions paid (state Yes or NO):

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

Applicant's Signature:

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

PART B: OFFICER'S ASSESSMENT

Membership Card / Identity Confirmed?

Employer confirmed member no longer employed?

Has the Report from Medical Doctor received?

Last Contribution paid?

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

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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: