TUVALU NATIONAL PROVIDENT FUND
MEMBER'S PROFILE FOR THE PURPOSE OF CLAIMING OF A MEDU BENEFIT

| 1.                     | Membership Identity Number:   |   |   |
|------------------------|---|---|---|
| 2.                     | MEDU Account Number:  | ***************************************   |   |
| 3.                     | Full Name:  |   |   |
| 4.                     | Date of Birth:  |   |   |
| 5.                     | Place of Birth:   |   |   |
| 6.                     | Address:  |   |   |
| 7.                     | Occupation:   |   |   |
| 8.                     | Employer:   |   |   |
| 9.                     | Marital Status:   | Bachelor / Spinster / Ma  | arried / Divorced   |
| 10.                    | . If you are married or have children   |   |   |
|                        | (a) Spouse Name:  | · ,   |   |
|                        | (b) Children's Name(s):   | (1)   |   |
|                        |   | (2)   | ********  |
|                        |   |   | ***************************************   |
|                        |   | (4)   | •••••   |
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|                        |   | (6)   | ·   |
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| 11.                    | necessary in case of change of depend<br>I declare that the information I hat<br>to support this document are true<br>furnish false information while cla | ve provided above and all<br>to the best of my know   | the attachments that I have submitted ledge. I understand that I should not be member's MEDU benefit. |
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| Signed:                |   | Date:   |   |
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|                        | FO  | R OFFICE USE ONLY   | •   |
|                        | <b>S</b> .  | á   |   |
| certify t              | verified the information submitted  | above together with the   | e relevant supporting documents and Provident Fund (Benefit) Regulations, MEDU benefit.               |
| certify t              | verified the information submitted that the above member have satisfied   | above together with the   | Provident Fund (Benefit) Regulations,   |
| certify t              | verified the information submitted that the above member have satisfied   | above together with the   | Provident Fund (Benefit) Regulations,   |
| certify t              | verified the information submitted that the above member have satisfied   | above together with the   | Provident Fund (Benefit) Regulations,   |
| certify t<br>in partic | verified the information submitted that the above member have satisfied cular, the requirements for the admir   | above together with the difference of the distration of the member's  | Provident Fund (Benefit) Regulations, MEDU benefit.   |
| certify t<br>in partic | verified the information submitted that the above member have satisfied   | above together with the difference the difference that the requirements of the distration of the member's Date: | Provident Fund (Benefit) Regulations,   |