



**TUVALU NATIONAL PROVIDENT FUND  
PROVIDENT FUND (BENEFIT) REGULATIONS  
[CLAIM FOR A SECURITY BENEFIT FOR NBT / DBT LOANS]**

**Form B 20(1)(i)**

**PART A: APPLICANT USE ONLY**

- 1. Membership Identity Number: .....
- 2. Retirement Fund Account Number: .....
- 3. Date of Birth: .....
- 4. Place of Birth: .....
- 5. Address: .....
- 6. Occupation: .....
- 7. Employer: .....

**MEMBER'S GUARANTEE STATEMENT:**

I ..... of ..... on this ..... day of ....., in accordance with the Provident Fund (Benefit) Regulations, hereby make this irrevocable statement to pledge my retirement funds held in my Retirement Fund Account with the Tuvalu National Provident Fund (the Fund) to be retained as security in consideration of my loans with the National Bank of Tuvalu (NBT) / Development Bank of Tuvalu (DBT).

In pursuance of this undertaking, I hereby authorize the Fund to disclose to the NBT / DBT details and balances of my accounts with the Fund whenever is required by NBT / DBT.

I have sought appropriate advise and now fully understand and accept that the Fund shall make good from my retirement funds any default or remaining loans (principal and interests) when or should, for whatever reason, my retirement funds becomes payable during any period of indebtedness to the NBT / DBT.

The giving of time to me or the neglect or forbearance by NBT / DBT in requiring or enforcing payment of my loans and interests or other indulgence shall not in any way prejudice or affect my liability under this guarantee.

Signed: .....

Witnessed:.....

Name: .....

**FOR OFFICE USE ONLY**

Retirement Fund Account Balance:\$..... as of ...../...../.....

Remarks:.....

I certify that the above member have been personally consulted and advised during the process of his/her application to claim a security benefit to pledge his retirement funds against his/her loans with the NBT / DBT. I have the opinion that he/she has fully understand the nature of this undertaking, including the consequences that he/she will face in the event that he/she fails to fully repay his/her loans with NBT / DBT.

I grant my approval that the Fund shall grant the Security benefit as sought by the above member. Consequently, the Fund is bound by the terms of this undertaking.

.....  
**General Manager**

*TNPF Seal*

*Note: 3 original copies of this form should be signed by a member during application. 1 copy shall be retained in TNPF Loan Security Benefit files, 1 copy should be deposited with the lender (NBT or DBT), and 1 copy for the member.*