



TUVALU NATIONAL PROVIDENT FUND
PROVIDENT FUND (BENEFIT) REGULATIONS
[CLAIM FOR COVID-19 EDUCATIONAL RELIEF BENEFIT]

PART A: APPLICANT USE ONLY

TNPF ID No.:

MEDU ACCOUNT No.:

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

First Name:

Surname:

Employer:

Position:

Contact (Ph.#):

Proposed Amount: \$.....

Member/Beneficiary Address:

Authorised Payee:

Mode of Payment [tick (a), (b), (c), or (d)]:

(a) Telegraphic Transfer:

(b) MoneyGram

(c) Western Union

(d) Other:

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 produced?

Identity Confirmed?

Beneficiary identified?

Beneficiary verified & confirmed?

Proposed Amount within Balance?

Purpose of withdrawal, OK?

Payee Account Details produced?

Address, COVID-19 Level 4?

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 MEDU benefit .

Signature:

MEMBERS 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 Credit in MEDU Account on Date of Application: \$.....

Less Amount Approved to be withdrawn as COVID-19 Educational Relief Benefit: \$.....

Less Withdrawal Fees: \$.....

Member's MEDU Account Balance Brought Forward: \$.....

AMOUNT PAID TO PAYEE: \$.....

COMMISSION (if any): \$.....

TOTAL: \$ _____

PV NUMBER:

CHEQUE NUMBER:

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

PREPARED BY: