

## CLAIM FORM

### TICK THE TYPE OF BENEFIT

Retirement
  Early Retirement
  Compulsory Balance \$
 
  
 Voluntary Balance \$

- a)  Compulsory balance **LESS than \$60,000**
- FULL WITHDRAWAL
  PARTIAL WITHDRAWAL up to  % (maximum 25%) the remaining balance to transfer as a pension payment.
- b)  Compulsory balance **GREATER than \$60,000**
- PARTIAL WITHDRAWAL up to  % (maximum 25%) the remaining balance to transfer as a pension payment.

<input type="checkbox"/> Total and Permanent Disability <input type="checkbox"/> Terminal Illness <input type="checkbox"/> Death <input type="checkbox"/> Prepayment Funeral <input type="checkbox"/> Spousal Pension	<input type="checkbox"/> Withdrawal by Contract Worker <input type="checkbox"/> Contract employment for less than 3 years <input type="checkbox"/> Contract of employment for more than 3 years and <b>NO APPROVED SCHEME - 5 years</b> ) <input type="checkbox"/> Dismemberment and Major Burns <input type="checkbox"/> Voluntary Withdrawal \$ <input style="width: 100px;" type="text"/> <p style="font-size: small;">(Note: One withdraw allowed per year)</p>
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### MEMBER INFORMATION

RMD Number	<input style="width: 90%;" type="text"/>	CINSF Member Number	<input style="width: 90%;" type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input style="width: 100px;" type="text"/>		
First name(s)	<input style="width: 95%;" type="text"/>		
Surname	<input style="width: 95%;" type="text"/>		
Residential Address	<input style="width: 95%;" type="text"/>		
Phone Numbers	Home Phone <input style="width: 150px;" type="text"/>	Mobile Phone	<input style="width: 150px;" type="text"/>
Email Address	<input style="width: 300px;" type="text"/>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (DD/MM/YYYY)	<input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 100px;" type="text"/>	Age	<input style="width: 100px;" type="text"/>
Final Payroll Contribution Date	<input style="width: 200px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 100px;" type="text"/>		

## APPLICANT DETAILS

Applicant Name

Address

Telephone

Email Address

Relationship to Member

## PAYMENT DETAILS

Bank

Bank Number

Branch

Branch Number

SWIFT Code

Account Number

Account Name

## MEMBER /APPLICANT DECLARATION AND SIGNATURE

By signing this declarations:

- I. I confirm that I have thoroughly reviewed and comprehends the pension and claim options provided by the Cook Islands National Superannuation Fund.
- II. I declare that I have completed this form after careful cosideration of all available options, ensuring a comprehensive understanding of the choices offered to me.
- III. I acknowledge that my pension funds will remain subject to investment and are susceptible to fluctuations in value until the claim is approved and payment is finalized.
- IV. I understand that the value of my funds may rise or fall during period.

Signature

Date

 /  / 

## CINSF Office Use Only

Received by		Date / /
Processed by		Date / /
Approval Name & signature		Date / /