

CLAIM FORM

TICK THE TYPE OF BENEFIT

☐ Retirement
 ☐ Early Retirement
 Compulsory 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.

☐ Total and Permanent Disability

☐ Terminal Illness

☐ Death

☐ Voluntary Withdrawal \$

(Note: One withdraw allowed per year)

☐ Withdrawal by Contract Worker

☐ Dismemberment and Major Burns

☐ Prepayment Funeral

Balance available \$

YOUR INFORMATION

RMD Number	<input type="text"/>	CINSF Member Number	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other	<input type="text"/>	
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Residential Address	<input type="text"/>		
Phone Numbers	Home Phone <input type="text"/>	Mobile Phone	<input type="text"/>
Email Address	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (DD/MM/YY)	<input type="text"/> / <input type="text"/> / <input type="text"/>	Final Payroll Contribution Date	<input type="text"/> / <input type="text"/> / <input 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

Signature

Date

 / /

MEMBER DECLARATION AND SIGNATURE

I understand and agree that;

- I. I have read and understood my CINSF pension options before signing this form and declare that I have completed this form after careful consideration of all options available to me.
- II. I understand that my pension funds continue to be invested, and may rise or fall in value, until the withdrawal is approved, and payment is completed.

Signature _____

Date _____

CINSF Office Use Only

Received by		Date / /
Processed by		Date / /
Manager's signature		Date / /