

TYPE OF BENEFIT

Retirement **Voluntary Account** \$ _____
(Note: One withdrawal allowed per year)

Early Retirement **Balance available** _____

a) Do you wish to take part of your pension as a lump sum? Yes No
 b) Do you wish to take your Voluntary as a partial or full payment? Yes No Partial \$ _____

If yes what percentage do you wish to take?% (maximum 25%)
(Note: if this leaves less than \$15,000.00 in your account, the full amount will be paid in one payment).

Withdrawal by Contract Worker **Total and Permanent Disability**
 Dismemberment and Major Burns **Terminal Illness**
 Death Value of Prepaid Funeral Benefit \$..... **Compulsory balance available:** _____

MEMBER DETAILS

Member Name Member RMD Number

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 Mailing Address.....
 Residential Address.....
 Telephone Email

Date of Birth/...../..... **Age**

Date of Retirement/Early Retirement/Withdraw by Contract Worker/ Death//...../.....

Total & Permanent Disability/Dismemberment and Major Burns /Terminal Illness/...../.....

End Date of Final Contribution/...../.....

APPLICANT DETAILS

Applicant Name
 Address
 Telephone Email

Date of Birth/...../..... **Relationship to Member**

PAYMENT DETAILS

Bank **Bank Number**

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Branch **Branch Number**

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Swift Code

Account Number:

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Account Name

Applicant Signature **Date**/...../.....

Office Use Only:

Received by Name & Signature: **Date**/...../.....

Authorised Signature **Date**/...../.....

Benefit and applicable documents as required when submitting your Claim

TYPE BENEFITS	CHECKLIST REQUIRED DOCUMENTS
<p>VOLUNTARY</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete CINSF Claim Form <i>(Tick type of benefit)</i> <ul style="list-style-type: none"> ○ Total Withdraw amount for Voluntary ○ <input type="checkbox"/> Provide one (1) valid identification; <ul style="list-style-type: none"> ○ Passport ○ Birth certificate with photo taken ○ Driver's License <input type="checkbox"/> Provide one (1) confirmation of your bank account; <ul style="list-style-type: none"> ○ Confirmation letter from the Bank ○ Copy of your Bank Statement
<p>RETIREMENT</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete CINSF Claim Form <i>(Tick type of benefit)</i> <input type="checkbox"/> Provide one (1) valid identification; <ul style="list-style-type: none"> ○ Passport ○ Birth certificate with photo taken ○ Driver's License <input type="checkbox"/> Letter from employer <ul style="list-style-type: none"> ○ Confirming of final contribution (current employment) <input type="checkbox"/> Provide one (1) confirmation of your bank account; <ul style="list-style-type: none"> ○ Confirmation letter from the Bank ○ Copy of your Bank Statement
<p>EARLY RETIREMENT</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete CINSF Claim Form <i>(Tick type of Benefit)</i> <ul style="list-style-type: none"> ○ Complete Member details ○ Complete Payment details <input type="checkbox"/> Provide one (1) valid identification; <ul style="list-style-type: none"> ○ Passport ○ Birth certificate with photo taken ○ Driver's License <p align="right"><i>Continue on next page</i></p>

	<input type="checkbox"/> Medical Letter Due to serious illness, a member must provide evidence that they have been absent from employment through illness for six consecutive months and medical evidence they are unlikely to ever engage in employment for reward in any occupation.
	<input type="checkbox"/> Letter from Employer <ul style="list-style-type: none"> ○ If early retirement is due to redundancy, a member must provide evidence from their former employer. ○ Letter from employer confirming of final contribution for current employment.
	<input type="checkbox"/> Provide one (1) confirmation of your bank account; <ul style="list-style-type: none"> ○ Confirmation letter from the Bank ○ Copy of your Bank Statement

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TOTAL & PERMANENT DISABILITY	<input type="checkbox"/> Complete CINSF Claim Form (<i>Tick type of Benefit</i>)
	<input type="checkbox"/> Provide one (1) valid identification; <ul style="list-style-type: none"> ○ Passport ○ Birth certificate with photo taken ○ Driver's License
	<input type="checkbox"/> Medical Letter Medical certificate describing the members disability and evidence that they have been absent from employment through injury or six consecutive months.
	<input type="checkbox"/> Letter from Employer Employer to advise employee's status (if applicable) and confirming of final contribution
	<input type="checkbox"/> Provide one (1) confirmation of your bank account; <ul style="list-style-type: none"> ○ Confirmation letter from the Bank ○ Copy of your Bank Statement

TYPE BENEFITS	CHECKLIST REQUIRED DOCUMENTS
<p>TERMINAL ILLNESS</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete CINSF Claim Form (<i>Tick type of Benefit</i>) <input type="checkbox"/> Provide one (1) valid identification; <ul style="list-style-type: none"> ○ Passport ○ Birth certificate with photo taken ○ Driver’s License <input type="checkbox"/> Certificate / Letter from a Medical Practitioner certifying that the member has an illness that is likely to result in the death of the member within 12months of the diagnosis. <input type="checkbox"/> Letter from Employer advising of employee’s status <input type="checkbox"/> Terminal Illness medical authorisation <input type="checkbox"/> Terminal Illness Corporate Solutions Claim Form – Lump Sum Member to complete – Part 1 – Life Assured Section <ul style="list-style-type: none"> ○ Page 1, Part 1 – Life Assured Section ○ Page 2, Part 2 – Claim Details Section ○ Page 3, Part 4 – Declaration Section ○ Page 4, Part 5 – Authority to Act Section (Not mandatory – note this section needs to be completed if the member would like to appoint someone to act on his behalf for the claim process. Doctor is required to complete ○ Page 5, Medical Attendant Section – Part 1, ○ Terminal Illness and Declaration section on Page 6. Terminal Illness Corporate Solutions Claim Form – Lump Sum <input type="checkbox"/> Provide one (1) confirmation of your bank account; <ul style="list-style-type: none"> ○ Confirmation letter from the Bank ○ Copy of your Bank Statement

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<p>PREPAID FUNERAL</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete CINSF Prepaid Funeral Benefit Claim Form <input type="checkbox"/> Provide required documents; <ul style="list-style-type: none"> ○ Deceased Passport ○ Birth Certificate ○ Death Certificate <input type="checkbox"/> Applicant to provide required document; <ul style="list-style-type: none"> ○ Birth certificate ○ Passport <input type="checkbox"/> Provide one (1) confirmation of your bank account; <ul style="list-style-type: none"> ○ Confirmation letter from the Bank ○ Copy of your Bank Statement
<p>DEATH</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete CINSF Complete Claim Form <input type="checkbox"/> Provide copy of Death Certificate of deceased <input type="checkbox"/> Provide copy of Birth Certificate AND Passport of deceased <input type="checkbox"/> Applicant to provide Passport or Birth Certificate <input type="checkbox"/> Marriage Certificate (if applicable) <input type="checkbox"/> Letters of Administration (if applicable) <input type="checkbox"/> Will and Probate (if applicable) <input type="checkbox"/> Applicant to complete CINSF Declaration of Family History Form <input type="checkbox"/> Provide one (1) confirmation of your bank account; <ul style="list-style-type: none"> ○ Confirmation letter from the Bank ○ Copy of your Bank Statement <p style="text-align: center;"><i>Entitlement to any insured death benefit is determined when processing the death claim.</i></p>

TYPE BENEFITS	CHECKLIST REQUIRED DOCUMENTS
<p style="text-align: center;">WITHDRAWAL BY CONTRACT WORKER</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete CINSF Claim Form (<i>Tick type of Benefit</i>) <input type="checkbox"/> Provide one (1) valid identification; <ul style="list-style-type: none"> ○ Passport ○ Birth certificate with photo taken ○ Driver’s License <input type="checkbox"/> <u>Letter from Employer</u> <ul style="list-style-type: none"> ○ Confirming of your contracted dates (start and end date) or ○ Copy of your signed contract <input type="checkbox"/> Confirmation of Departure (<i>Immigration or ETicket</i>) <input type="checkbox"/> Provide one (1) confirmation of your bank account; <ul style="list-style-type: none"> ○ Confirmation letter from the Bank ○ Copy of your Bank Statement 1. There is a 6 months waiting period before we can accept your application. 2. The 6 months will commence after his/her departure from the Cook Islands
<p style="text-align: center;">FORFEITED FUNDS</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete CINSF Forfeited Funds Claim Form <input type="checkbox"/> Certified copy of your original passport (<i>Certified by a registered Justice of the Peace, Solicitor, or Court Official in your country of residence</i>) <input type="checkbox"/> Provide a certified utility bill or account that verifies your current residential, state, and country address. <input type="checkbox"/> Provide one (1) confirmation of your bank account; <ul style="list-style-type: none"> ○ Confirmation letter from the Bank ○ Copy of your Bank Statement

**SCHEME
TRANSFER**

- Complete Authority to Transfer From
 - FNPF Transfer Form
 - Kiwisaver Transfer Form
 - Attach a copy of you valid Passport
 - Confirmation of Departure (eTicket or IMMIGRATION)
 - Letter from Cook Islands Employer (Confirming of start and end of contract or copy of contract of employment.
 - Attach a copy of a Letter from your SCHEME with Membership number and Bank account.
 - Provide one (1) confirmation of your bank account;
 - Confirmation letter from the Bank
 - Copy of your Bank Statement
1. There is a **6 months** waiting period before **we can accept** your application.
 2. The 6 months will **commence after his/her departure** from the Cook Islands