

TYPE OF BENEFIT

☐ **Retirement**

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

☐ **Early Retirement**

Do you wish to take part of your pension as a lump sum? Yes ☐ No ☐

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 \$.....

MEMBER DETAILS

Member Name Member RMD Number

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Mailing Address.....

Residential Address.....

Telephone Email

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

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

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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Account Number:

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Account Name

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

Office Use Only:

Received by Name & Signature: **Scan & Send to AON**

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

Select Benefit and applicable documents as required when submitting your Claim

BENEFITS	DOCUMENTS REQUIRED
RETIREMENT	<input type="checkbox"/> Claim Form <input type="checkbox"/> Copy of Birth Certificate or Passport
VOLUNTARY	<input type="checkbox"/> Claim Form <input type="checkbox"/> Copy of Birth Certificate or Passport
EARLY RETIREMENT	<input type="checkbox"/> Claim Form <input type="checkbox"/> Copy of Birth Certificate or Passport <input type="checkbox"/> Medical Letter <input type="checkbox"/> Letter from Employer
WITHDRAWAL BY CONTRACT WORKER <i>There is a 6 months waiting period before we can accept any Withdrawal by Contract Workers application.</i> <i>The 6 months begins from when we receive your final contribution into our office.</i>	<input type="checkbox"/> Claim Form <input type="checkbox"/> Copy of Birth Certificate or Passport <input type="checkbox"/> Letter from Employer (Confirming of Commencement & End of Contract) <input type="checkbox"/> Confirmation of Departure (<i>Immigration or ETicket</i>) <input type="checkbox"/> Contract of Employment
TOTAL & PERMANENT DISABILITY	<input type="checkbox"/> Claim Form <input type="checkbox"/> Copy of Birth Certificate or Passport <input type="checkbox"/> Medical Letter <input type="checkbox"/> Letter from Employer
DISMEMBERMENT AND MAJOR BURNS	<input type="checkbox"/> Claim Form <input type="checkbox"/> Copy of Passport or birth certificate <input type="checkbox"/> Certificate/ Letter from a Medical Practitioner certifying that the member has suffered by accident, dismemberment and / or major burns, must have resulted within 100 days of such accident. <input type="checkbox"/> Letter from Employer advising of employee's status
TERMINAL ILLNESS	<input type="checkbox"/> Claim Form <input type="checkbox"/> Copy of Passport or birth certificate

	<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
DEATH	<input type="checkbox"/> Claim Form <input type="checkbox"/> Original Death Certificate <input type="checkbox"/> Deceased Birth Certificate AND Passport <input type="checkbox"/> Applicant Birth Certificate or Passport <input type="checkbox"/> Marriage Certificate (if applicable) <input type="checkbox"/> Probate (if applicable) <input type="checkbox"/> Will (if applicable) <input type="checkbox"/> Declaration of Family History
FORFEITED FUNDS	<input type="checkbox"/> 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 a certified bank statement to confirm of your details of the account the funds are paid to.

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