

CLAIM FORM

TICK THE TYPE OF BENEFIT

Retirement Early Retirement Compulsory Balance \$

a) Compulsory balance LESS than \$60,000

FULL WITHDRAW

PARTIAL WITHDRAW up to % (maximum 25%) the remaining balance to transfer as a pension payment.

b) Compulsory balance GREATER than \$60,000

PARTIAL WITHDRAW up to % (maximum 25%) the remaining balance to transfer as a pension payment.

Total and Permanent Disability

Withdrawal by Contract Worker

Terminal Illness

Dismemberment and Major Burns

Death

Prepayment Funeral

Voluntary Withdrawal \$

Balance available \$

(Note: One withdraw allowed per year)

MEMBER DETAILS

RMD Number

NSF Number N S F

Member Name

Mailing Address

Residential Address

Telephone

Email Address

Date of Birth / /

Age

Final Contribution date / /

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

CINSF Office Use Only

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