



CLAIM FORM

TICK THE TYPE OF BENEFIT

Retirement

Early Retirement

a) Do you wish to take part of your pension as a lump sum?

Yes

No

(Note: If your compulsory balance is less than \$45,000, after selecting a 25% lump sum withdrawal, the remaining balance will be paid to you as a lump sum)

b) If yes what percentage would you like to take?

% (Maximum 25%)

Total and Permanent Disability

Withdrawal by Contract Worker

Terminal Illness

Dismemberment and Major Burns

Death

Prepayment Funeral

Compulsory Balance \$

Voluntary Withdraw \$

Balance available \$

(Note: One withdraw allowed per year)

MEMBER DETAILS

RMD Number

NSF Number

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

/ /

In order for your claim to be complete you must ensure that CINSF has all applicable documentation.

Once you have submitted your form immediately email your documentation to enquiry@superfund.gov.ck

I understand my application is not complete without sending all applicable documentation.

CINSF Office Use Only

Received by	
Signature	
Manager's signature	

Email: enquiry@superfund.gov.ck Phone: +682 25515 PO Box 3076, Avarua Rarotonga, Cook Islands

WWW.CINSF.COM