

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 \$	oluntary Witho	draw\$	Balance available \$		
(Note: One withdraw allowed per year)					
MEMBER DETAILS					
RMD Number NSF Number NSF F					
Member Name					
Mailing Address					
Residential Address					
Telephone		Email Addres	ss		
Date of Birth /	Age	Final Contrib	oution 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	
Cianatura	Date
Signature	/ / /
CINSF Office Use Only	
Received by	
Signature	
Manager's signature	