

### TYPE OF BENEFIT

☐ Early Retirement

☐ Voluntary Account \$ \_\_\_\_\_  
(Note: One withdrawal allowed per year)

☐ 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
<b>VOLUNTARY</b>	<div data-bbox="400 275 1165 324"><input type="checkbox"/> Complete CINSF Claim Form <i>(Tick type of benefit)</i></div> <div data-bbox="501 331 1096 405"> <ul style="list-style-type: none"> <li>○ Total Withdraw amount for Voluntary</li> <li>○</li> </ul> </div> <div data-bbox="400 412 1034 582"><input type="checkbox"/> Provide one (1) valid identification; <ul style="list-style-type: none"> <li>○ Passport</li> <li>○ Birth certificate with photo taken</li> <li>○ Driver's License</li> </ul> </div> <div data-bbox="400 631 1179 757"><input type="checkbox"/> Provide one (1) confirmation of your bank account; <ul style="list-style-type: none"> <li>○ Confirmation letter from the Bank</li> <li>○ Copy of your Bank Statement</li> </ul> </div>
<b>RETIREMENT</b>	<div data-bbox="400 846 1165 891"><input type="checkbox"/> Complete CINSF Claim Form <i>(Tick type of benefit)</i></div> <div data-bbox="400 929 1034 1099"><input type="checkbox"/> Provide one (1) valid identification; <ul style="list-style-type: none"> <li>○ Passport</li> <li>○ Birth certificate with photo taken</li> <li>○ Driver's License</li> </ul> </div> <div data-bbox="400 1142 1283 1232"><input type="checkbox"/> Letter from employer <ul style="list-style-type: none"> <li>○ Confirming of final contribution (current employment)</li> </ul> </div> <div data-bbox="400 1265 1179 1406"><input type="checkbox"/> Provide one (1) confirmation of your bank account; <ul style="list-style-type: none"> <li>○ Confirmation letter from the Bank</li> <li>○ Copy of your Bank Statement</li> </ul> </div>
<b>EARLY RETIREMENT</b>	<div data-bbox="400 1489 1198 1619"><input type="checkbox"/> Complete CINSF Claim Form <i>(Tick type of Benefit)</i> <ul style="list-style-type: none"> <li>○ Complete Member details</li> <li>○ Complete Payment details</li> </ul> </div> <div data-bbox="400 1653 1034 1832"><input type="checkbox"/> Provide one (1) valid identification; <ul style="list-style-type: none"> <li>○ Passport</li> <li>○ Birth certificate with photo taken</li> <li>○ Driver's License</li> </ul> </div> <div data-bbox="400 1883 1457 2094"><input type="checkbox"/> <b>Medical Letter</b>  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. </div>

*Continue on next page*

	<input type="checkbox"/> <b>Letter from Employer</b> <ul style="list-style-type: none"> <li>○ If early retirement is due to redundancy, a member must provide evidence from their former employer.</li> <li>○ Letter from employer confirming of final contribution for current employment.</li> </ul> <input type="checkbox"/> Provide one (1) confirmation of your bank account; <ul style="list-style-type: none"> <li>○ Confirmation letter from the Bank</li> <li>○ Copy of your Bank Statement</li> </ul>
TYPE BENEFITS	CHECKLIST REQUIRED DOCUMENTS
<b>TOTAL &amp; PERMANENT DISABILITY</b>	<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"> <li>○ Passport</li> <li>○ Birth certificate with photo taken</li> <li>○ Driver's License</li> </ul> <input type="checkbox"/> <b><u>Medical Letter</u></b> Medical certificate describing the members disability and evidence that they have been absent from employment through injury or six consecutive months. <input type="checkbox"/> <b><u>Letter from Employer</u></b> 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"> <li>○ Confirmation letter from the Bank</li> <li>○ Copy of your Bank Statement</li> </ul>

TYPE BENEFITS	CHECKLIST REQUIRED DOCUMENTS
<div data-bbox="119 521 331 636"> <b>TERMINAL ILLNESS</b> </div>	<div data-bbox="437 203 1222 248"> <input type="checkbox"/> Complete CINSF Claim Form (<i>Tick type of Benefit</i>)         </div> <div data-bbox="437 315 1034 501"> <input type="checkbox"/> Provide one (1) valid identification;           <ul style="list-style-type: none"> <li>○ Passport</li> <li>○ Birth certificate with photo taken</li> <li>○ Driver's License</li> </ul> </div> <div data-bbox="437 546 1469 680"> <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.         </div> <div data-bbox="437 703 1254 770"> <input type="checkbox"/> Letter from Employer advising of employee's status         </div> <div data-bbox="437 808 1046 853"> <input type="checkbox"/> Terminal Illness medical authorisation         </div> <div data-bbox="437 898 1469 1626"> <input type="checkbox"/> Terminal Illness Corporate Solutions Claim Form – Lump Sum            Member to complete – <b><u>Part 1 – Life Assured Section</u></b> <ul style="list-style-type: none"> <li>○ Page 1, Part 1 – Life Assured Section</li> <li>○ Page 2, Part 2 – Claim Details Section</li> <li>○ Page 3, Part 4 – Declaration Section</li> <li>○ Page 4, Part 5 – Authority to Act Section (<b>Not mandatory</b> – 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</li> <li>○ Page 5, Medical Attendant Section – Part 1,</li> <li>○ Terminal Illness and Declaration section on Page 6. Terminal Illness Corporate Solutions Claim Form – Lump Sum</li> </ul> <input type="checkbox"/> Provide one (1) confirmation of your bank account;           <ul style="list-style-type: none"> <li>○ Confirmation letter from the Bank</li> <li>○ Copy of your Bank Statement</li> </ul> </div>

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

TYPE BENEFITS	CHECKLIST REQUIRED DOCUMENTS
<p><b>WITHDRAWAL BY CONTRACT WORKER</b></p>	<p><input type="checkbox"/> Complete CINSF Claim Form (<i>Tick type of Benefit</i>)</p> <p><input type="checkbox"/> Provide one (1) valid identification;</p> <ul style="list-style-type: none"> <li>○ Passport</li> <li>○ Birth certificate with photo taken</li> <li>○ Driver's License</li> </ul> <p><input type="checkbox"/> <b><u>Letter from Employer</u></b></p> <ul style="list-style-type: none"> <li>○ Confirming of your contracted dates (start and end date) or</li> <li>○ Copy of your signed contract</li> </ul> <p><input type="checkbox"/> Confirmation of Departure (<i>Immigration or ETicket</i>)</p> <p><input type="checkbox"/> Provide one (1) confirmation of your bank account;</p> <ul style="list-style-type: none"> <li>○ Confirmation letter from the Bank</li> <li>○ Copy of your Bank Statement</li> </ul> <p>1. There is a <b>6 months</b> waiting period before <b><u>we can accept</u></b> your application.</p> <p>2. The 6 months will <b><u>commence after his/her departure</u></b> from the Cook Islands</p>