CINSF
COOK ISLANDS NATIONAL SUPERANNUATION FUND

TERMINAL ILLNESS BENEFIT FOR PENSIONER FULL PAYMENT REQUEST

PLEASE READ THIS SECTION BEFORE YOU START COMPLETING THIS FORM.
The Trustee will only authorise payment of your Terminal Illness benefit if, after considering relevant medical evidence, it considers you are suffering an illness that poses a serious and imminent risk of death.

Step 1 – Complete your Personal Details:

RMD Number ☐☐☐☐☐☐ Date of birth ☐☐ / ☐☐ / ☐☐☐☐

☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other (Please specify) ☐

SURNAME/Family Name

Given name (s)

Address

Home Phone

Mobile

Email

Step 2 – Payment Details:

☐ please make payment by direct credit to my current bank account held on your records or

☐ attached a copy of my bank statement or letter of changes to my bank account.

Step 3 – Terminal Illness for Pensioners:

For a Terminal Illness full payout:

- ask your doctor to complete the declaration below:

DOCTOR'S DECLARATION OF TERMINAL ILLNESS FOR PENSIONERS

PATIENT

Full Name _____ _____

First Name (s) Surname

Address _____

DOCTOR

I, Doctor _____

of _____ _____

Street Address Island/City/State/Country

Daytime Number _____ Mobile _____

Email Address _____

Certify that:

- I am registered medical practitioner with the Medical Council of the Cook Islands or with an equivalent registration regime outside the Cook Islands.
- the above-named is a patient of mine and I have recently given them a full medical examination.
- In my opinion, the above named has a terminal illness that poses a serious and imminent risk of death.

Please find attach a medical report(s) with a brief description of the patient's condition:

_____ ___ / ___ / ____

Signature of Medical Practitioner **Date**

Step 4 – Declaration

I certify that the information I have provided on this form is true and correct.

Signature **Date**

CINSF Office Use Only

Checked by:			
○	Verify that Pensioner has complete Step 1 and Step 2.		
○	Verify that Doctor has complete Step 3 and has provide medical report		
Process by Name & Sign:		Date	/ /
Manager for Approval		Date	/ /