



WITHDRAWAL BENEFIT FORM PENSION ACCOUNTS FULL WITHDRAWAL REQUEST

PLEASE READ THIS SECTION BEFORE YOU START COMPLETING THIS FORM.

The Trust Deed has been amended to increase the minimum balance required for a Members Compulsory Account from \$15,000 to \$45,000 when determining whether a Member meets the threshold for receipt of a monthly pension. The amended Trust Deed will provide the existing Pensioner with an option to withdraw the balance of their Pension Account if their Compulsory Account balance was \$45,000 or less at the date they became a Pensioner.

Pensioners will continue to receive their pension payments if they do not provide a direction to withdraw their Pension Account.

1. Member details – Cook Islands National Superannuation Fund

RMD Number	<input type="text"/>	CINSF Member Number	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other	<input type="text"/>	
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Residential Address	<input type="text"/>		
Phone Numbers	Home Phone <input type="text"/>	Mobile Phone	<input type="text"/>
Email Address	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (DD/MM/YY)	<input type="text"/> / <input type="text"/> / <input type="text"/>	Final contribution date	<input type="text"/> / <input type="text"/> / <input type="text"/>

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 - Pensioner Declaration

- a. My Pension Account balance was less than \$45,000 at the time of becoming a Pensioner.
- b. I am aware that I have the option to withdraw the balance of my Pension Account or continue receiving a monthly pension.
- c. I am aware that once I submit this form to withdraw the balance of my Pension Account that my Pension Account will be closed permanently and that I will no longer receive the monthly pension payment for life.

Signature of Pensioner

Date

CINSF Office Use Only

Checked by:			
Balance Available:	\$		
<input type="radio"/>	Verify that Pensioner has complete Step 1 and Step 2.		
<input type="radio"/>	Verify that Doctor has complete Step 3 and has provide medical report		
Process by Name & Sign:		Date	/ /
Manager for Approval		Date	/ /