



NAMBAWAN SUPER FUND

APPLICATION FOR BENEFIT PAYMENT

NSL Super No:

NAME OF APPLICANT First Name(s) Last Name

DATE OF BIRTH / / **TELEPHONE** **MOBILE**

APPLICANT'S CURRENT POSTAL ADDRESS

BENEFIT PAYMENT INSTRUCTIONS

Would you like to create a **Retirement Savings Account**? Yes No

Please indicate how much of your withdrawal benefit you would like to remain with Nambawan Super in a Retirement Savings Account.

Please note: You can only invest a minimum K10,000 up to K250,000 maximum K

For your lump sum payment, please nominate your Bank Account Details below:

BANK NAME	ACCOUNT NAME	ACCOUNT NUMBER	BRANCH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attach photocopy of the section in your passbook or Bank Statement where your Bank Account Number & Branch is shown.

APPLICANT'S CERTIFICATION:

I, _____ certify that this application has been completed in full and the information provided is true and correct.

Signature: _____ Date: ____/____/____.

EMPLOYER CERTIFICATION

SECTION B

This Section must be completed by the Authorised Officer of the Applicant's last employer only after Section A has been completed in full, signed by the Applicant and certified by a witness.



Name of Employer	Designation	Payroll / Employment No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Contribution Started	Date Contribution Ceased	Close of Business
<input type="text"/>	<input type="text"/>	<input type="text"/>

If contributions were not continuous please provide details as to why there was a break in contributions

FINAL GROSS ANNUAL SALARY

Annual Gross Salary of Employee	
1988	<input type="text"/>
1989	<input type="text"/>
1990	<input type="text"/>

Reason for Separation from Employment (Tick one Box)			
<input type="checkbox"/>	Resignation	<input type="checkbox"/>	Death
<input type="checkbox"/>	Retirement	<input type="checkbox"/>	Permanent Disability
<input type="checkbox"/>	Retrenchment	<input type="checkbox"/>	Emigration

CERTIFICATION BY EMPLOYER:
(SIGNATORY MUST BE A RECORDED AUTHORISED SIGNATURE FOR SUPERANNUATION PURPOSES)

I, _____ hereby certify the particulars stated above relating to the employee are true & correct and confirm that the employee has been taken off the payroll effective ____/____/____. Last Nambawan Super contributions were made ____/____/____.

Signature: _____ Date: ____/____/____ Designation: _____ Phone No: _____

Address : _____ Email: _____

GUIDANCE NOTES

You may only withdraw all of your superannuation benefit in the following cases:

You must be over 55 years of age and have ceased employment; or

Completed at least 25 years of Public Service and have ceased employment; or

If you are a member of the Police Force, Correctional Service or Fire Service, and where you have attained the age of 50 or completed 20 years service, you may withdraw your benefit upon termination of employment, otherwise

If you have, for reasons of resignation or termination of employment, been unemployed for a period 12 continuous months

Partial Withdrawal - Unemployment

Members who have terminated their employment and do not meet the eligibility criteria for full withdrawal may apply for an unemployment benefit after three months of continuous unemployment. You may then apply each month of continued unemployment thereafter by submitting a **(a)** new statutory declaration together with a **(b)** bank statement for the last month.

Please ensure all relevant sections of the Separation Authority Form are completed and it is signed by an Authorised Signatory from your previous employer. It is also important that you submit the following documentation:

Employer Requirements

- Confirmation Letter from your department /employer supporting your resignation I retirement I retrenchment
- 2x most recent payslips
- Payslip's net must reconcile with Bank Statement showing the amount and the date.
- Copies of Salary History Cards. Please ensure years 1988/89/90 are included if you contributed during these years.

Member Requirements

- 6 months Bank Statement for salary/wages account.
- Statutory Declaration Form for payment method & employment status
- Photocopy of ID Card (Employer Issued or drivers licence) with a specimen signature on copy

Where applying on behalf of a deceased member, beneficiaries must ensure the following documentation is also submitted.

- Death Certificate
- Copy of Deceased ID Card
- Letter of Demise from the relevant Department/Employer
- Identification Letter (This is to identify beneficiaries when no declaration made)
- Copies of Salary History Card
- 2x most recent payslips
- Statutory Declaration from Nominated Beneficiaries declaring their identity, date of birth and their relationship to the deceased member
- Nominated Beneficiaries over 18 years of age must have an active bank account. Provide copies of latest bank statement with school or work ID
- For Nominated Beneficiaries below 18 years of age, Funds will be transferred to Retirement Savings Account (RSA).

Where no beneficiaries have been nominated :

A Statutory Declaration from a Village Magistrate, Councillor, or District Administrator from the deceased's place of birth, stating the customary law that determines the distribution of the deceased's estate. **This is not necessary if the member died prior to 1st January 2003.**

OFFICIAL USE

Receiving Officer: _____

Signature: _____

Date: _____

Branch: _____

Remarks: _____

On completion of the certification by the Head of Employing Department / Authority or Company, this Form must be submitted to the nearest Nambawan Super Ltd Branch.

For more information you can contact Nambawan Super Ltd (NSL) on:
Mobile: 7333 7777 or 7611 2222 | **Email:** callcentre@nambawansuper.com.pg
Post Office Box: 483, Port Moresby, National Capital District.