

Requirements

- Duly completed Nominee Withdrawal Form.
- Prescribed Employer Confirmation Letter.
- Reference(s) from Previous Employers Member Contributed with or nominee(s) to state employment history on statutory declaration form for inactive employers.
- Medical Certificate of Death (Letter from Pastor/Village Councillor/Priest if member died in the village).
- Warrant to Bury (Same as above if member died in the village).
- Letter from Pastor/Village Councillor/Priest who witnessed or conducted the burial.
- Member's Final Payslip.
- Bank Account Statement for Nominee(s).
- Trustee Bank Accounts to be provided by Nominated Guardians for minor nominees who are below the age of 18 years old.
- Copy of Nominee(s) ID (NASFUND, Work, Passport).
- If no formal ID then the images must be verified by trusted parties such as employer, local church, LLG Council etc.
- In the case of a claimant that is not a nominee, the claimant or the Public Curator must present a sealed copy of the decision by a court of competent jurisdiction in PNG. Such a court decision may include Grant of Letters of Administration or Sealing of Probate appointing the Claimant or the Public Curator as either Administrator, or Executor. The person whose name appears on such a court document is also required to provide all of the above mentioned requirements for purposes of screening and vetting the claim in accordance with NASFUND policies and procedures, the Superannuation (General Provisions) Act 2000 and related laws.

Section 1: Particulars of Applicant (Nominee)

Given Names: Surname:

Date of Birth: Male: Female: Marital Status:

Member to a Super Fund or Savings & Loan Society?: Yes: No: Institute Name:

Member No.: Employment Status: Employed: Unemployed:

Employer Name:

Village: District: Province:

Mobile No.: Email Address:

Closest Living Relative (Complete Below):

Name of Relative:	Date of Birth:
Relation to Nominee:	Marital Status:
Employment Status:	Employer:
Employer Address:	Phone No.:
Mobile No.:	Email:

I confirm that I have fully understood the contents of this form that was read to me or written by me are true & correct in every particular

Nominee/Applicant Signature: Dated:

Section 2: Particulars of Deceased

Member No.: Member Name:

Date of Birth: Payroll No.:

Attached to this application are: Medical Certificate of Death: Warrant to Bury: Letter from Pastor/Village Councillor/Priest:

Section 3: Beneficiary List & Method of Payment

Direct Deposit into Bank Account(s): Payment to PCO (where there is no beneficiaries):

Account Name	Account Number	Bank (BSB)	Branch	Bearer Signature

Section 4: Employer Declaration

I confirm that the information above is true & correct and no alterations were made or noted at the time of signing this form.

Name:

Designation:

Signature: Dated:

Employer Stamp Here: