

Withdrawal Category	Requirements
A. Unemployment	<ul style="list-style-type: none"> <li><input type="checkbox"/> Duly complete Nasfund Withdrawal Forms.</li> <li><input type="checkbox"/> Confirmation letter from the last employer.</li> <li><input type="checkbox"/> Confirmation letters from previous employers (if any).</li> <li><input type="checkbox"/> Salary Bank Account Statement.</li> <li><input type="checkbox"/> Copy of valid ID (Nasfund, Passport, work ID).</li> <li><input type="checkbox"/> Last Payslip Advice.</li> <li><input type="checkbox"/> Withdrawal Request Lettter from member.</li> </ul>
B. Retirement	<ul style="list-style-type: none"> <li><input type="checkbox"/> Duly complete Nasfund Withdrawal Forms.</li> <li><input type="checkbox"/> Confirmation letter from the last employer.</li> <li><input type="checkbox"/> Confirmation letters from previous employers (if any).</li> <li><input type="checkbox"/> Salary Bank Account Statement.</li> <li><input type="checkbox"/> Copy of valid ID (Nasfund, Passport, work ID).</li> <li><input type="checkbox"/> Last Payslip Advice.</li> <li><input type="checkbox"/> Withdrawal Request Lettter from member.</li> </ul>
C. Transfer / Roll-Over To Other ASF	<ul style="list-style-type: none"> <li><input type="checkbox"/> Duly complete Nasfund Withdrawal Forms.</li> <li><input type="checkbox"/> Confirmation letter from the last employer.</li> <li><input type="checkbox"/> Confirmation letters from previous employers (if any).</li> <li><input type="checkbox"/> Salary Bank Account Statement.</li> <li><input type="checkbox"/> Copy of valid ID (Nasfund, Passport, work ID).</li> <li><input type="checkbox"/> Last Payslip Advice.</li> <li><input type="checkbox"/> Current employer's confirmation letter.</li> <li><input type="checkbox"/> Member Statement from any Approved Superannuation Fund (ASF)</li> </ul>
D. Emigration	<ul style="list-style-type: none"> <li><input type="checkbox"/> Duly complete Nasfund Withdrawal Forms.</li> <li><input type="checkbox"/> Confirmation letter from the last employer.</li> <li><input type="checkbox"/> Confirmation letters from previous employers (if any).</li> <li><input type="checkbox"/> Salary Bank Account Statement.</li> <li><input type="checkbox"/> Copy of valid ID (Nasfund, Passport, work ID).</li> <li><input type="checkbox"/> Last Payslip Advice.</li> <li><input type="checkbox"/> Withdrawal Request Lettter from member.</li> <li><input type="checkbox"/> Proof of residency / citizenship.</li> <li><input type="checkbox"/> Overseas Bank Account Statement               <ul style="list-style-type: none"> <li>(1). Residential Address</li> <li>(2). Bank Address.</li> </ul> </li> </ul>
E. Medical Grounds / Disability	<ul style="list-style-type: none"> <li><input type="checkbox"/> Duly complete Nasfund Withdrawal Forms.</li> <li><input type="checkbox"/> Confirmation letter from the last employer.</li> <li><input type="checkbox"/> Confirmation letters from previous employers (if any).</li> <li><input type="checkbox"/> Salary Bank Account Statement.</li> <li><input type="checkbox"/> Copy of valid ID (Nasfund, Passport, work ID).</li> <li><input type="checkbox"/> Last Payslip Advice.</li> <li><input type="checkbox"/> Withdrawal Request Lettter from member.</li> <li><input type="checkbox"/> Medical Reports from two (2) separate doctors.               <ul style="list-style-type: none"> <li>(1). Medical History</li> <li>(2). Clinical Records.</li> </ul> </li> <li><input type="checkbox"/> Employer's confirmation letter under medical grounds.</li> </ul>

NOTE: Driver's License is NOT accepted.

**Section 1: Personal Details**

Membership Number	Payroll Number	PGK	Gross Fortnightly Salary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given Name:	<input type="text"/>	Middle Name:	<input type="text"/>
Surname:	<input type="text"/>		
Date of Birth:	<input type="text"/>	<input type="checkbox"/> Male: <input type="checkbox"/> Female:	Marital Status: <input type="text"/>
Village:	District:	Province: <input type="text"/>	
Mobile No.:	Email Address: <input type="text"/>		

**Section 2: Employment History**

Name of most recent Employer: 1.	<input type="text"/>	Start Date:	<input type="text"/>	End Date:	<input type="text"/>
Prior to most recent (if any): 2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Section 3: Reason for Withdrawal**

Retirement
  Resignation/Termination
  Disability
  Migration

Transfer to: 
  
 (Print name of ASF/RSA)

Note : Please refer to back for Withdrawal Guidelines

**Section 4: Nominees Details**

Name at least three of your current nominated beneficiaries below:

Name of Nominees	Nominee Date of Birth	Relationship to Member	Name of Guardian	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Section 5: Salary Bank Account**

Account Name	Account Number	Bank	Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Section 6: Member Declaration**

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.

Signature:

Dated:

**Section 7: Employer Declaration - To be made by Authorised Representatives only**

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

Name:	<input type="text"/>	Employer Stamp Here
Designation:	<input type="text"/>	
Signature:	<input type="text"/>	
Dated:	<input type="text"/>	