

Retirement benefit election

Please mail to Diocese of Polynesia, PO Box 35, Suva, Fiji

1. Member details

Title	First name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Do you hold a current Bishop's Licence?	
<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="checkbox"/> Yes <input type="checkbox"/> No	
Email address	Daytime / mobile phone	
<input type="text"/>	<input type="text"/> (0) <input type="text"/>	
Postal address	Number / Street / PO Box	
<input type="text"/>	<input type="text"/>	
	Town / City	
	<input type="text"/>	
	Country	
	<input type="text"/>	

2. Spouse details

Title	First name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Date of marriage	
<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"/> <input type="text"/>	

3. Dependant children

First name(s)	Surname
<input type="text"/>	<input type="text"/>
Date of birth	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

First name(s)	Surname
<input type="text"/>	<input type="text"/>
Date of birth	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

First name(s)	Surname	Occupation	*If dependant is a student please indicate year of study
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

First name(s)	Surname	Occupation	*If dependant is a student please indicate year of study
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

4. Benefit election

I elect the following option [please select one option]:

Option 1

A lump sum of: \$ and an annual pension of: \$

commencing:

Option 2

An annual pension of: \$ commencing:

Option 3 - Commutation

I wish to apply to have part of my pension paid as an additional lump sum by way of commutation (separate form to be completed).

I am aware of the supporting evidence I am required to supply to allow my application to be considered.

5. Payment of benefit

Name of account holder

Bank name

Branch name

Bank account number [non - NZ bank]

SWIFT code / IBAN / Clearing code / SWIFT BIC code [if known]

OR

Account details [NZ bank]

Bank

Branch

Account

Suffix

6. Member signature

Signature

Date