

MEMORANDUM OF ADMINISTRATION FORM

This form gives the authority to the Fund to distribute part of your Special Death Benefit (SDB) to person(s) nominated below to be used for funeral expenses, in the event of your death.

1. This form is not compulsory. Should you wish to nominate an executor to receive part of your SDB for your funeral expenses, please complete Section A & B.
2. In the absence of a valid Memorandum of Administration form the Fund reserves the right to distribute part of the SDB as per its approved guideline.
3. A maximum amount of \$2,000 is payable to the nominated executor, nominated on the MOA, depending on the SDB premium deducted for the financial year.

INSTRUCTIONS FOR COMPLETION OF THIS FORM.

- All sections of this form are to be duly completed.
- The witness must not be the nominee/executor
- The member must initial any cancellation or alteration to this form.
- The use of correction fluid is not allowed
- The nominated executor can be changed at anytime by the member.
- This form becomes invalid upon the death of the nominated executor for which the Fund reserves the right to distribute part of the Special Death Benefits for funeral expenses. This will be done in line with instruction 2 above.

PREFERRED DOCUMENTS

- Latest birth certificate of member (post 2000)
- Latest birth certificate of nominated executor (post 2000)
- Valid Photo ID of the executor or nominee (FNPF/FRCS Joint ID Card, Drivers License, Voter ID, Passport)

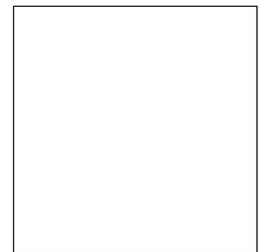
Note: Please ensure photo ID is certified by any FNPF Officer, Provincial Administrator or Commissioner of Oath.

SECTION A: DECLARATION

1. Member Signature 2. Date: / /

2. Member Name 3. FNPF No.

I hereby authorize Fiji National Provident Fund to pay part of my Special Death Benefit under the FNPF Funeral Assistance policy to person nominated above. I indemnify the FNPF Board from any liabilities, whatsoever including any loss of benefits to my nominees.



Left Thumbprint of Member

4. Witness Signature: 5. Name of Witness:

6. Address of Witness:

7. Designation of Witness: 8. Date: / /

SECTION B: EXECUTOR DETAILS

1. Name of Executor: 2. f/n

3. FNPF ID: (if member) 4. TIN No: 5. Gender: F M

6. Date of Birth: 7. Relationship to Member:

8. Postal Address:

9. Residential Address

10. Phone Contact:

OFFICIAL USE ONLY

11. Branch/Agency: 12. Signature of Officer:

13. Effective Date Received (DD/ MM/YYYY): / /