

Naoero Super – Death or TPD withdrawal form

Use this form:

To advise SuperLife that due to a member's death or total and permanent disablement (TPD) that their benefit is to be withdrawn from the Naoero Super scheme. The form should be completed by an appropriate person and send to the Naoero onshore representative. It is important that all contact phone number and email are provided in case clarification is required.

Send completed form to the Naoero representative, who will finalise and forward to SuperLife for processing and payment.

SuperLife number

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Member details

Name: _____ Date of Birth: day / month / year
 Address: _____ *Postcode:* _____ Phone/Mobile: _____
 Email: _____ Date of death (if applicable): day / month / year

Applicant details

Name: _____ Date of Birth: day / month / year
 Address: _____ *Postcode:* _____ Phone/Mobile: _____
 Email: _____ Relationship to member: _____

I request for the total balance of the member's account to be paid to the following account (via the Naoero Super scheme trustees as necessary) as soon as possible, based on the medical evidence or probate provided.

Bank account:

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Name on bank account: _____

Please enclose evidence of the bank account details including applicant's address (For Naoero residents, "district name, Republic of Naoero" is sufficient), such as a scanned/ printed bank statement. The bank account must be in the name of the member or nominated beneficiary or evidence provided as to why not possible.

Applicant Signed: _____ Date: day / month / year

TOTAL AND PERMANENT DISABLEMENT (TPD)

Total and permanent disablement means a member has become totally incapacitated by an accident or illness that has resulted in being unable to continue their own occupation and have been away from work for a consecutive six-month period. It also includes the loss of a limb (meaning a whole hand or foot), or the sight in one or both eyes. A medical certificate to the Naoero Trust Board's satisfaction must accompany this form.

Employer details (if employed)

Last day of employment: day / month / year Date of final pay deductions: day / month / year
 For pay period ending: day / month / year Amount of final deductions: \$ _____

Authorised officer of employer

Name: _____ Position: _____
 Employer name: _____ Contact Phone: _____
 Contact email: _____

I confirm on behalf of the employer, that the member and employer information is true and correct

Employer signature: _____ Date: day / month / year

☐ Documents ☐ ID presented ☐ Bank evidence ☐ Address ☐ Beneficiary or ☐ Individual ☐ Probate or ☐ Letter of Administration
☐ Death Certificate ☐ Approved to pay

NAOERO TRUST BOARD OF APPROVAL (must be signed by any two signatories)

Signatory (1): _____ Date: day / month / year

Signatory (2): _____ Date: day / month / year