

SECTION "A" - TO BE COMPLETED BY APPLICANT (CONT'D)

17. ARE YOU IN RECEIPT OF ANY BENEFIT LISTED BELOW?

(a) INVALIDITY YES NO

(b) SICKNESS YES NO

(c) EMPLOYMENT INJURY YES NO

18. HAVE YOU PAID VOLUNTARY CONTRIBUTIONS? YES NO

19. PLEASE INDICATE THE METHOD OF PAYMENT OF BENEFIT:

MAIL TO: POSTAL ADDRESS DEPOSIT TO: FINANCIAL INSTITUTION

(If method of payment is "FINANCIAL INSTITUTION", complete below).

FINANCIAL INFORMATION

(If method of payment is "FINANCIAL INSTITUTION", complete below).

The NIBTT considers the foregoing information as instructions from you regarding the deposit of your benefit payment to the financial institution of your choice.

The NIBTT is not liable for any payment issued to an inaccurate financial institution or account based on these instructions.

NAME OF FINANCIAL INSTITUTION:

ADDRESS:
(STREET)

(CITY/DISTRICT/COUNTY)

ACCOUNT NUMBER:

20. IS THIS ACCOUNT A JOINT ACCOUNT? YES NO

21. IF "YES", PLEASE STATE THE NAME(S) AND ADDRESSES OF JOINT ACCOUNT HOLDER(S).

NAME: SURNAME OTHER NAME(S)

ADDRESS:
(STREET)

(CITY/DISTRICT/COUNTY)

NAME: SURNAME OTHER NAME(S)

ADDRESS:
(STREET)

(CITY/DISTRICT/COUNTY)

SECTION "C" - FOR OFFICIAL USE

APPLICATION RECEIVED BY:

NAME:

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SURNAME

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OTHER NAME(S)



SIGNATURE OF SERVICE CENTRE STAFF

DATE:

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 YYYY MM DD

PART "I" - CUSTOMER SERVICE REPRESENTATIVE

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|--|--------------------------|-----|--|--------------------------|----|
| 1. NAME, N.I. NO. AND DATE OF BIRTH CONFIRMED AND UPDATED (IF NECESSARY) ON I.A. SYSTEM | <input type="checkbox"/> | YES | | <input type="checkbox"/> | NO |
| 2. REGISTRATION RECORD COMPLETED? (If "NO" complete forms NI 165/NI 182 as applicable) | <input type="checkbox"/> | YES | | <input type="checkbox"/> | NO |
| 3. CHECK FOR DUPLICATE REGISTRATION (SIRF file included)? (Record Results on Minute Sheet) | <input type="checkbox"/> | YES | | <input type="checkbox"/> | NO |
| 4. CLAIM HISTORY VIEWED?
(If yes, record findings here.) _____
(Use minute sheet if this space is inadequate.) | <input type="checkbox"/> | YES | | <input type="checkbox"/> | NO |
| 5. APPLICATION COMPLETED AND ACCEPTED FOR PROCESSING? | <input type="checkbox"/> | YES | | <input type="checkbox"/> | NO |
| 6. APPLICATION RECORDED? (Print and attach Claim Profile) | <input type="checkbox"/> | YES | | <input type="checkbox"/> | NO |
| 7. OUTSTANDING CONTRIBUTION RECORDED? (Print and attach Audit Report) | <input type="checkbox"/> | YES | | <input type="checkbox"/> | NO |
| 8. APPLICATION PROCESSED? | <input type="checkbox"/> | YES | | <input type="checkbox"/> | NO |

CUSTOMER SERVICE REPRESENTATIVE

DATE:

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 YYYY MM DD

PART II - MANAGER/SUPERVISOR/CLERICAL OFFICER II

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|--|--------------------------|-----|--|--------------------------|----|
| 1. DETAILS OF CLAIM PROFILE VERIFIED? | <input type="checkbox"/> | YES | | <input type="checkbox"/> | NO |
| 2. CONTRIBUTION AUDIT REPORT VERIFIED? | <input type="checkbox"/> | YES | | <input type="checkbox"/> | NO |
| 3. CONTRIBUTIONS TRANSFERRED? | <input type="checkbox"/> | YES | | <input type="checkbox"/> | NO |
| 4. CLAIM AUTHORIZED/DISALLOWED? | <input type="checkbox"/> | YES | | <input type="checkbox"/> | NO |

MANAGER/SUPERVISOR/CLERICAL OFFICER II

DATE:

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 YYYY MM DD

RETURN OF BENEFIT APPLICATION

1. Use **BLOCK/CAPITALS** to complete this Form.
2. Retirement Benefit is payable from age 60 (provided that you are no longer in Insurable Employment) **OR** from age 65 whether employed or not. Your application must be submitted not later than 12 months from the Date of Retirement.
3. There are **TWO** types of Retirement Benefit:
(a) Retirement Pension, **OR** (b) Retirement Grant, if you do not qualify for the Pension.

Leaflets available at your Service Centre will provide details on these Benefits.

4. For item 15, the "Last Date Of Employment", relates to the last date on which you were paid by your Employer.
5. For item 18, Voluntary Contributions are paid by an insured person who is unemployed and wishes to maintain his contribution record during periods of unemployment.
6. Your completed Form **MUST** be accompanied by a **CERTIFIED COPY** of your Birth Certificate/Affidavit if necessary. In the case of a married Female, a **CERTIFIED COPY** of your Marriage Certificate **MUST ALSO** be submitted.
7. Your Retirement Pension Payments will be sent to a Financial Institution of your choice every month. Note however, a Form NI 65 - "Life Certificate" **MUST** be completed and submitted as required by the Board for payments to continue. These certificates are available from any Service Centre.
8. **SECTION 'B'** is to be completed by last employer for persons who were no longer in insurable employment prior to age 65.