

CPF INDIVIDUAL PENSION PLAN

CLAIM FOR RETIREMENT BENEFITS OR REFUND OF CONTRIBUTIONS

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PART I: STATEMENT OF PARTICULARS

Full Name of Member:	KRA PIN NUMBER:
	I.D/ Passport No.:
	Mobile No.:
Name of Sponsor (Self/Employer):	
Date of Birth:	
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other
Name of Next of Kin:	Relationship:
	I.D/ Passport No.:
	Mobile No.:

PART 2: DECLARATIONS AND OTHER PARTICULARS

I. Full details of Bank Account into which Pension Benefits will be remitted:

Name of Bank Account holder: _____
Name of Bank: _____
Branch: _____
Account number: _____

Documents Required With Claim:

1. Certified Copy of ID/Passport of the member on an A4 size paper.
2. Passport photo

The above information is to the best of my knowledge and belief accurate for the purpose of paying my retirement benefits or refund of contributions.

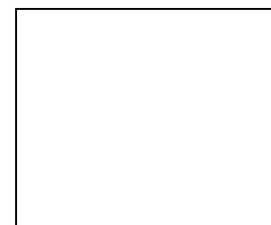
Signature: _____

Date: _____

Signed in the presence of: _____

Signature: _____

Date: _____



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