



Comrade Trustee Services Limited

TRUSTEE FOR THE DEFENCE FORCE RETIREMENT BENEFIT FUND

P.O Box 497, Port Moresby, Telephone: +675 303-9000/7998-7909 Fax: +675 323-9856
Email: pensions@ctsl.com.pg or memberservices@ctsl.com.pg Website: www.ctsl.com.pg

Pension Form

(Please Tick appropriate box):

3 Months Medical-Advance 6 Months-Advance Reactivation/Payment Checklist Renewal

1. PENSIONER DETAILS:

Name:

Service Number:

Pension Number:

Date of Birth:

Date of Discharge:

Name of Spouse: _____ Spouse DOB: _____ Spouse Status: alive deceased
 Divorced/remarried

(Please Tick appropriate box)

Retirement Widow Child Medical Power of Attorney (POA); if yes.....
Name of POA: _____
Relationship to Pensioner: _____

3. POSTAL ADDRESS & CONTACT DETAILS:

Postal Address:
Residential Address:

Land Line:
Fax:

Mobile:
Email:

4. BANK ACCOUNT DETAILS

Account Name										
Type of Account										
Account Number										
Bank										
Branch										

Pensioners Signature: _____ Date: ____/____/____

5. OFFICE USE ONLY:

Reviewed by:	Date: ____/____/____	Signature:
Approved by:	Date: ____/____/____	Signature: