



Seventh-day
Adventist Church™

Papua New Guinea

PROOF OF LIFE SUSTENTATION SURVEY FORM

This form must be completed, signed and returned to the Mission/Union Office by **January 31, 2023** with a **recent photo together with the spouse** to ensure the continuation of receiving sustentation payments. If the required documents are not submitted according to the deadline, the **sustentation payments shall be suspended**. The payments shall be resumed upon receipt of the completed documents but **NO BACKPAY**.

PERSONAL DETAILS:

Retiree's Name		Date of Birth	
Retirement Year		Place of Last Employment	
Mobile #		Email	
Current Address	Village		
District & Province			
Local Church		Mission	
Status	<input type="checkbox"/> Alive	<input type="checkbox"/> Passed Away	
Spouse's Name		Date of Birth	
Date of Marriage		Mobile #	
Status	<input type="checkbox"/> Alive	<input type="checkbox"/> Passed Away	Email

NOMINEES DETAILS:

I hereby nominate the persons below to receive the monthly pension or accessing my bank card in the event of my illness/age.

No.	Name of Nominee	Relationship to Retiree	Date of Birth	Mobile #	Email	Address
1						
2						

BANK DETAILS:

Account Name:		
Account Number:		
Bank:		Branch:

DECLARATION:

I hereby declare that

- I. I have fully understood the contents of this form and
- II. the details and nomination are true and correct in every particular

Name of Retiree: _____

Signature: _____ Date: _____

OFFICE USE ONLY

This is to certify that this document is true and correct:

Name of Local Mission/Conference: _____

Mission/Conference Secretary: _____

Signature: _____ Date: _____

LOCAL MISSION/CONFERENCE
STAMP

Note: Please submit original to PNGUM Secretariat and keep a copy for your local mission/conference file.

Note: To ensure continued sustentation payments ALL applicable questions must be answered.