

MINISTRY OF LAW  
The Public Trustee

The URA Centre East Wing, 45 Maxwell Road, #07-11, Singapore 069118  
Website: <https://pto.mlaw.gov.sg> Tel: 1800-2255-529 Fax: 62242858

Form 10

For Official Use

File Ref No.:

APPLICATION FOR ADMINISTRATION OF DECEASED'S  
CPF MONIES LESS THAN OR EQUAL TO \$100\*

This form may take you 10 minutes to complete.

**IMPORTANT:** It is an offence to make any false statement or to produce any document which is false for any purposes connected with this application. Please sign against amendments made. Use of correction fluid/tape will render the application void. **Please submit together with the documents required.** An incomplete form will delay the processing of your application.

**Documents needed:** Please enclose the relevant documents as stated in this form.

A. DETAILS OF CPF MONIES	
Name of Deceased:	NRIC / Passport No. of Deceased:
B. ADMINISTRATION OF DECEASED'S CPF MONIES LESS THAN OR EQUAL TO \$100	
Relationship to the deceased above named [Please tick where applicable]:	
<input type="checkbox"/>	<b>Spouse</b> (Please enclose a photocopy of your Marriage Certificate, Identity Card and Deceased's Death Certificate)
<input type="checkbox"/>	<b>Child</b> (Please enclose a photocopy of your Birth Certificate, Identity Card, Deceased's Death Certificate and Marriage Certificate)
<input type="checkbox"/>	<b>Parent</b> (Please enclose a photocopy of your Identity Card, your Marriage Certificate and the Deceased's Death Certificate and Birth Certificate)
<input type="checkbox"/>	<b>Sibling</b> (Please enclose a photocopy of your Birth Certificate, Identity Card, the Deceased's Death Certificate and Birth Certificate, Deceased Parents' Death Certificates and Marriage Certificate)
I would like the Public Trustee to credit the monies into:	
<input type="checkbox"/>	My bank _____ (Name of Bank), Bank Account No. _____.
<input type="checkbox"/>	My joint bank account with _____ (Name of Bank), Bank Account No. _____, which I hold with _____ (Name & NRIC/Passport No. of joint bank account holder).
<input type="checkbox"/>	The bank account with _____ (Name of Bank), Bank Account No. _____ in the names(s) of:
	i) _____ (Name & NRIC/Passport No. of third party)
	ii) _____ (Name & NRIC/Passport No. of third party)^
	^ (to be completed if the third party bank account is a joint bank account)

\* Pursuant to section 25(2A) of the Central Provident Fund Act (Cap 36), Rev Edn 2013.

**(Please submit a copy of the front page of the bank account passbook or bank statement showing the name of the bank, name(s) of bank account holder(s) and bank account number. Form 15 has to be executed for payments to third party bank account. A copy of Form 15 is available for download at our website at <https://pto.mlaw.gov.sg/deceased-cpf-estate-monies/forms/>.)**

**C. DECLARATION**

I also confirm that **I am a beneficiary of these CPF monies** and  
[Please tick the appropriate box below. You may tick only one box]

**There are no other beneficiaries.**

**The other beneficiary(s) has / have given me consent for me to claim the Deceased's CPF Monies.**

I declare that the above information is true and correct. I understand that I may be prosecuted for criminal offences if I have stated anything false or misleading in this form, or omitted to state anything that makes the information provided in this form false or misleading. I hereby undertake to fully indemnify the Public Trustee and the Government of the Republic of Singapore against all damages (including costs and expenses) suffered by the Public Trustee or the Government arising from or in relation to any payment made to me or any other person by the Public Trustee or his officers in the discharge of their duties, in reliance on any of the information provided by me.

**D. CONTACT DETAILS**

Home Tel No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

**E. SIGNATURE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

NRIC: \_\_\_\_\_

Date: \_\_\_\_\_