

MINISTRY OF LAW
The Public Trustee

The URA Centre East Wing, 45 Maxwell Road, #07-11, Singapore 069118
Website: www.mlaw.gov.sg/pto Tel: 1800-2255-529 Fax: 6224-2858

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.

Please return the completed form to the Public Trustee's Office at the above address

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"/>	Spouse (Please enclose a photocopy of your Marriage Certificate, Identity Card and Deceased's Death Certificate)
<input type="checkbox"/>	Child (Please enclose a photocopy of your Birth Certificate, Identity Card, Deceased's Death Certificate and Marriage Certificate)
<input type="checkbox"/>	Parent (Please enclose a photocopy of your Identity Card, your Marriage Certificate and the Deceased's Death Certificate and Birth Certificate)
<input type="checkbox"/>	Sibling (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 confirm that the other beneficiary(s) (if any) has / have given me consent to claim the Deceased's CPF Monies and would like the Public Trustee to credit the monies into [Please tick one item only]:	
<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).

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)

(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. For joint bank account and third party bank account, the indemnity form (Form 15) is to be executed and a copy of the form is available for download at our website at www.mlaw.gov.sg/pto.)

C. SIGNATURE

Signature

Name

NRIC: _____

Date: _____