



Central Provident Fund Board
79 Robinson Road, CPF Building, Singapore 068897
Website: www.cpf.gov.sg CPF Call Centre: 1800-227 1188

Application to Withdraw CPF on Medical Grounds

Under Section 15 of the Central Provident Fund Act (Chapter 36)

Warning: It is an offence to make any false statement or to produce or furnish any document which is false for any purpose connected with this Act.

Note: Amendment made must be signed against by the member. Use of correction fluid/tape is not allowed.

PLEASE READ NOTES ON PAGE 4 BEFORE COMPLETING THE FORM. USE CAPITAL LETTERS ONLY

(This form may take you 10 minutes to complete.)

PART 1 PARTICULARS OF MEMBER: (as shown on the identity card or travel document)

NAME : *MR/MDM/MS _____ CPF ACCOUNT NUMBER
ADDRESS: _____
POSTAL CODE: _____
LAST DATE OF EMPLOYMENT: _____ CONTACT NUMBER: _____
EMAIL ADDRESS: _____

PART 2 DECLARATION

In accordance with section 15 of the Central Provident Fund Act, I hereby apply to withdraw the sum standing to my credit in the Central Provident Fund.

I understand and agree that:

- a) This application is subject to the provisions of the Central Provident Fund Act (Chapter 36) and all such terms and conditions that may be imposed from time to time.
b) Acceptance of this application by the Board does not imply that the Board will approve this application.

I hereby consent to the Central Provident Fund Board to refer my application to my Dependants' Protection Scheme (DPS) insurer for the purpose of making a claim under the DPS, if any.

Agree Not agree

Please make payment to my bank account as follows:

**Bank Account Number :
Bank Name :
Bank Address :
***SWIFT Code : (Applicable to Telegraphic Transfer)

For Bank's Certification Only

Bank's Stamp, Signature & Date

FOR CPFBS USE ONLY

TT via
Bank Code
Branch Code

Right Thumb Print/Signature of Applicant Date

* Delete whichever is inapplicable.
** Bank account must not be a trust account
*** The SWIFT code can be obtained from the bank.

PART 3 CLINICAL REPORT APPLICATION FORM

- Withdrawal Schemes**
- MediShield Schemes**
- Insurance Schemes**

To : **Doctor – In - Charge** (Please quote reference when replying)

REF : _____

I hereby authorise you to furnish a medical report to the **Central Provident Fund Board** on:

Name of Patient - _____

NRIC/Identification - _____ who was treated for

Illness(es) - _____ from/on

Date - _____

I agree that a photocopy of this authorisation shall be as effective and valid as the original.

The medical report is required for the purpose(s) as marked below:

- Application for withdrawal of CPF savings on medical grounds under Section 15 of the CPF Act.
- Application for *insurance cover / claim benefits under the CPF Home Protection Scheme (HPS)
- Application for insurance cover under MediShield. The applicant will undertake to pay for the expenses incurred in obtaining the medical report.

Name of Doctor	: _____
Name of Clinic/Hospital	: _____
Department (if applicable)	: _____
Address of Clinic/Hospital	: _____
Name of Doctor	: _____
Name of Clinic/Hospital	: _____
Department (if applicable)	: _____
Address of Clinic/Hospital	: _____

**** Duly Witnessed By:

 Signature or Clear Right Thumb Print of
 *Patient/Parent/Spouse/next-of-kin

Name _____

NRIC _____

Date _____ Contact No. _____

 Signature or Clear Right Thumb Print of Witness

Name _____

NRIC _____

Date _____ Contact No. _____

This authorisation must be signed by the next-of-kin, if the patient is below age 21 or is of unsound mind.

**** This form need not be witnessed if the authorisation is signed/thumbprinted by the patient himself/herself.

The witness must be of age 21 and above; and be of sound mind.

* Delete whichever is inapplicable.

FOR OFFICIAL USE ONLY

<p>PART 4 ACCEPTANCE AND VERIFICATION OF APPLICATION BY CUD/WSD</p> <p>Accepted by _____ Date _____ (Name of Officer)</p> <p>Income Tax Amount: _____ PI <input type="checkbox"/> SILE <input type="checkbox"/> TI <input type="checkbox"/></p> <p><input type="checkbox"/> Change in Mode of Payment (if any): DD / TT / CHQ / IBG * Refer to W78A dated: _____</p> <p>_____ Claim Authorised By Date of Processing Code</p> <p>Keyed By _____ Verified By _____</p> <p>Remarks _____ _____ _____</p>	<p>ACKNOWLEDGEMENT OF PAYMENT</p> <p>Date Collected _____</p> <p>Time _____ AM/PM *</p> <p>Payment received by: _____</p> <p>Witnessed By : _____</p> <p style="text-align: center;">DATE RECEIVED</p>
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* Delete whichever is inapplicable.

IMPORTANT : An incomplete form and/or incomplete supporting documents will delay the processing of your application.

NOTES

PROCEDURES FOR WITHDRAWAL

You can apply to withdraw your CPF savings on medical grounds by completing Parts 1, 2 & 3 of this form. Please return the completed form to CPF Board, Withdrawal Schemes Department, 79 Robinson Road, Singapore 068897 together with the following documents:

- (i) A doctor's medical letter dated within 6 months from date of your application, stating your medical condition; and
- (ii) Your bank statement/passbook, if payment is to be credited into your bank account.

If your application is completed overseas, all supporting documents must be certified true by either a Notary Public or an official from the Singapore High Commission/ the Embassy of the Republic of Singapore with his official seal/stamp duly affixed. Certifications by a Justice of Peace are not acceptable.

MODE OF PAYMENT

1. Interbank Giro - Payment will be credited to your bank account as stated in your application. No bank certification is required if yours is a POSBank account opened under your Singapore NRIC.

Otherwise, please get your bank to certify the account information on page 1 of the form or send us your original bank statement.
2. Telegraphic Transfer - Payment can be made to your overseas bank account by telegraphic transfer. Please ensure that your bank can accept the payment in Singapore Dollars. Please provide a SWIFT code and get your bank to certify the account information on page 1 of the form or send us your original bank statement. (Note: You will need to bear all bank charges.)
3. If your bank account information is not furnished or is incomplete, you will receive payment as follows:
 - (i) In Singapore – Through a CPF Withdrawal Cheque.
 - (ii) Overseas – Through a demand draft in Singapore Dollars. (Note: You will need to bear all bank charges.)

Upon approval of your application, your CPF funds or part thereof will be forwarded to Inland Revenue Authority of Singapore (IRAS) to settle your income tax liabilities (if any).

PROCESSING TIME

Upon receipt of the complete set of medical certification and supporting documents requested by the Board from hospitals or Board's panel of doctors, your application will be processed according to the service standards below:

Application for Withdrawal on Medical Grounds	Upon receipt of your application and supporting documents, we will request a medical report from your / the Board's doctors within 4 working days. Once received, we will approve / reject your application within 15 working days.
	<ul style="list-style-type: none">• The processing time excludes time taken for transmission of funds, estimated as follows:<ol style="list-style-type: none">1. IBG – 2 working days2. Cheque to local address – 10 working days3. Telegraphic Transfer – 5 to 12 working days4. Demand Draft to overseas address – 10 to 20 working days

TO CONTACT US

Website / Email

Website: www.cpf.gov.sg
Email : withdrawal-on-medical@cpf.gov.sg

Fax number

6229-3249 (local)
65-6229-3249 (overseas)

Call Centre

1800-227-1188 (local)
65-6227-1188 (overseas)

CPF Service Centres

1.CPF Service Centre
79 Robinson Road
#02-00
Singapore 068897

2.CPF Bishan Service Centre
Bishan Place
#01-01
Singapore 579838

3.CPF Woodlands Service Centre
900 South Woodlands Drive
#01-02 Woodlands Civic Centre
Singapore 730900

4.CPF Jurong Service Centre
21 Jurong East St 13
#01-01
Singapore 609646

5.CPF Tampines Service Centre
1 Tampines Central 5
#01-01
Singapore 529508