



Application to Withdraw CPF on Medical Grounds

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

PLEASE READ NOTES ON PAGE 3 BEFORE COMPLETING THE FORM. USE CAPITAL LETTERS ONLY.

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

Note: Member must sign against any amendment made. Use of correction fluid/tape is not allowed.

PLEASE READ NOTES ON PAGE 3 BEFORE COMPLETING THE FORM.

This form may take you 10 minutes to complete.

PART 1 PARTICULARS OF MEMBER (as shown on the identity card)	
Name: _____	CPF ACCOUNT NUMBER
Address: _____	*S/T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/>
_____	Postal Code: _____
Email: _____	Contact No.: _____
PART 2 PARTICULARS OF PARENT / GUARDIAN (IF MEMBER IS BELOW 21 YEARS OLD)	
Name: _____	Identification or Passport no: _____
Relationship to member: Father / Mother / Legal Guardian*	Contact No.: _____
PART 3 DECLARATION AND AUTHORISATION	
In accordance with section 15 of the Central Provident Fund Act, I hereby apply to withdraw, on medical grounds, the sum standing to my / the member's* credit in the Central Provident Fund.	
I further give my consent to the Central Provident Fund Board (the "Board") to:	
a) refer this application at any time and without notice and liability to me / the member*, and disclose any information relating to me / the member* in the Board's possession (including but not limited to my / the member's* employment and medical information) to my / the member's* Dependants' Protection Scheme ("DPS") insurer ("the Insurer") for the purpose of making a claim under DPS (if any) or to other insurers under any other insurance scheme(s) referred to in the Central Provident Fund Act (Chapter 36) which I / the member* may be insured under.	
b) disclose to the doctors and medical institutions such information as the Board may consider appropriate in order to enable the doctors and medical institutions to conduct the various medical assessments and certification of my / the member's* health condition for purposes of withdrawing, on medical grounds, the sum standing to my / the member's* credit in the Central Provident Fund.	
c) seek any information relating to me / the member* (including but not limited to employment and medical information) in connection with this application from persons such as my / the member's* employer(s), the Insurer, any insurer of other insurance scheme(s) under the Central Provident Fund Act and from any other source(s) that the Board may, in its discretion, determine and I authorise such persons to give the information to the Board.	
d) use the information in this application for any purpose connected with the administration or operation of my / the member's* accounts maintained by the Board or for any other schemes administered by the Board under the Central Provident Fund Act.	
e) use the bank account below for payments in respect of CPF withdrawals under medical grounds, CPF Minimum Sum Scheme, CPF LIFE, HDB's Lease Buyback Scheme, and for members aged 55 and above (where applicable).	
I understand that if I am covered under the CPF LIFE scheme (i.e. the Lifelong Income Scheme under Part IIIB of the CPF Act) and my present application to withdraw my CPF is approved, I can apply to terminate my annuity policy under the CPF LIFE Scheme. (Please refer to the Notes on page 3 for more information.)	
PART 4 BANK DETAILS OF APPLICANT †	For Bank's Certification Only
Bank Account Number : _____ (Bank account must not be a trust account) Bank Officer's Name, Signature, Bank's Stamp & Date
Name of Bank : _____	
SIGNATURE / RIGHT THUMB PRINT OF APPLICANT †	
_____	Date: _____

* Delete whichever is inapplicable.

† If member is below 21 years old, parent / legal guardian to complete this section.

PART 5 CLINICAL REPORT APPLICATION FORM

Note:

- If the patient is less than 21 years old, this authorisation form must be completed by his parent / legal guardian.
- If the patient is at least 21 years old and lacks mental capacity, this authorisation form must be completed by the next-of-kin and witnessed by a person who is at least 21 years old and of sound mind.

To: Doctor – In – Charge

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

Name of Patient - _____

NRIC - _____

Illness(es) - _____

Doctor - _____

Hospital/Clinic - _____

Date - _____

I agree that a photocopy of this authorisation shall be as effective and valid as the original. The medical report is required to support the application for withdrawal of CPF savings on medical grounds under Section 15 of the Central Provident Fund Act.

Signature/Right Thumb Print of patient /
patient's parent / patient's legal guardian*

Contact No.

Date

Email Address

Next-of-kin (only applicable if patient is at least 21 years old and lacks mental capacity)

Signature/Right Thumb Print of next-of-kin**

Signature/Right Thumb Print of Witness**

Name: _____

Name: _____

NRIC: _____

NRIC: _____

Relationship with patient: _____

Email: _____

Email: _____

Contact No.: _____

Contact No.: _____

Date: _____

Date: _____

*Delete whichever is inapplicable.

** The next-of-kin and witness must be at least 21 years old and of sound mind.

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

NOTES

PROCEDURES ON WITHDRAWAL

1. CPF members who are suffering from an illness which has rendered them permanently incapacitated from any employment may apply for withdrawal of their CPF savings on medical grounds.
2. You can apply for withdrawal by completing page 1 & 2 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.
3. If you are below 21 years of age, your parent / legal guardian must make the application on your behalf. Please also furnish the following supporting documents:
 - (i) A copy of your birth certificate or legal documentation of guardianship (including any relevant court order) as proof of relationship between you and your parent / legal guardian; and
 - (ii) A copy of your parent / legal guardian's identification document(s).
4. **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.**
5. Should your application be approved, you / the member will be required to set aside the prevailing Reduced Minimum Sum and Medisave Minimum Sum (MMS) in your / the member's Retirement Account (RA) and Medisave Account (MA) respectively. Any excess balance after setting aside the required sums in the RA and MA will be paid to you. You will also receive monthly payouts from the amount set aside in the RA. The MMS is adjusted every July and any excess balance in your / the member's Ordinary Account and / or Special Account will be used to top up your / the member's MA up to the prevailing MMS.

CPF LIFE SCHEME

If your application to withdraw your CPF is approved and you are covered under the LIFE Balanced Plan, LIFE Plus Plan or LIFE Basic Plan, you will be given more details to decide whether to:

1. Terminate your annuity policy and receive a discounted refund of the unused premium. [The unused premium is the premium paid for the annuity policy less any monthly annuity payout you have received]; or
2. Retain your annuity policy under the CPF LIFE Scheme, and receive the monthly payouts from the annuity payout start age for as long as you live. You will need to maintain a personal/joint bank account for the crediting of your CPF LIFE monthly payout. Please do not provide overseas bank account and trust accounts.

Termination of your annuity policy is subject to your compliance with such terms and conditions as the CPF Board may impose and subject to the approval of the CPF Board.

Please note that there will be no refund if you are covered under the LIFE Income Plan or if your premium has been fully paid out in the monthly annuity payouts. As such, you should not terminate your annuity policy. If you do not terminate your annuity policy, you will receive monthly payouts from the annuity payout start age for as long as you live.

MODE OF PAYMENT

1. Interbank Giro - Payment will be credited to the applicant's bank account as stated in the 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. If the bank account information is not furnished or is incomplete, we will issue a cheque in Singapore Dollars.
3. Upon approval of the application, your / the member's CPF funds or part thereof will be forwarded to Inland Revenue Authority of Singapore (IRAS) to settle your / his income tax liabilities (if any).
4. If you are below 21 years of age, payment will be made to your parent / legal guardian.

PROCESSING TIME

Application for Withdrawal on Medical Grounds	<ul style="list-style-type: none">• Upon receipt of your application & supporting documents, we will request a medical report from your / the member / the Board's doctors within 4 working days.• Once all the required documents are received, we will approve / reject your application within 7 working days.
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FOR OFFICIAL USE: ACCEPTANCE & VERIFICATION OF APPLICATION BY CUS/WSD

Accepted by: _____ Date: _____
 (Name of Officer)

Income Tax Amount: _____ PI SILE TI

Revised Mode of Payment (if any): * IBG / TT / CHQ / _____
 Refer to W78A dated: _____

 Claim Authorised By Date of Processing Code

Keyed By: _____ Verified By: _____

Remarks: _____

ACKNOWLEDGEMENT OF PMT

Date Collected: _____

Time: _____ AM/PM *

Payment received by: _____

 *Applicant/Representative's
 Name, Signature & date

Witnessed By: _____

 Witness's Name, Signature & date

DATE RECEIVED

* Delete whichever is inapplicable.