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 Port Elizabeth, 6057
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Cape Town
 12th Floor
 1 Thibault Square
 Thibault Square
 Cape Town, 8001
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TERMINATION CLAIM

NAME OF FUND: _____
 EMPLOYER / SECTION: _____

MEMBER'S PARTICULARS (please complete in full)

First Names and Surname in Full: _____ I.D. No (Attach copy of I.D. book): _____ Date of Birth: _____
 (DD / MM / YYYY)

Employee No.: _____ Date of Employment: _____ Date of Withdrawal: _____ Date of Last Contribution: _____
 (DD / MM / YYYY) (DD / MM / YYYY) (DD / MM / YYYY)

Member: _____ Amount of Last Contribution: _____ Annual Taxable Salary at Date of Withdrawal/Termination: _____
 Company: _____ Please Complete reverse side of form

TYPE OF WITHDRAWAL (tick appropriate box)

Resignation Dismissal/Absconded Retrenchment/Redundancy

Period of employment outside RSA prior to Termination: _____ Completed Years

REMARKS

Payment and Distribution of Benefit
 (If benefit is to be invested, please provide details below)

Electronic Fund Transfer
 Account Deposit

PAYMENT INSTRUCTIONS:

Please Note: All payments will be done by Electronic Fund transfers. Please ensure that the bank account details supplied are in respect of Member's own Account

Banking details:

Account Name	_____
Account Number	_____
Type of Account	Current / Savings / Transmission
Name of Bank / Building Society	_____
Name of Branch	_____
Branch Code	_____

Income Tax No	_____
Revenue Office	_____

(The above Income Tax details are only required if the member is a P.A.Y.E Tax Payer)

P.S. Cheques will only be issued in exceptional circumstances & must be collected by member / employer

Member's Residential Address:	_____	Postal Code:	_____	Member's Postal Address:	_____	Postal Code:	_____
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Number at which member can be contacted: _____

Do you require details of:

Preservation Funds: Retirement Annuities: Any Continuation Option:

SIGNATURE:

Certified that the information contained herein is correct.

Member's Signature: _____ Dated: _____

EMPLOYER'S DECLARATION

Indebtedness to Employer to be recovered from benefits (as per Section 37D of the Pension Funds Act) Attach Proof

Is waiting period to be waived? YES NO

Certified that the information contained herein is correct

Employer's Stamp

Authorised Signature: _____
 Designation: _____
 Dated: _____

FOR OFFICE USE ONLY

Cheque requisitioned by: _____ SIGNATURE _____ DATE _____
 Cheque released by: _____

Cheque Signatory: _____
 Date: _____

**DECLARATION OF NETT REMUNERATION
FOR DETERMINATION OF TAX DEDUCTION FROM
PENSION AND PROVIDENT FUND WITHDRAWAL BENEFITS**

Employee: _____

Fund Name: _____

Employee's Identity Number: _____

Income Tax Reference Number: _____

Tax Office: _____

Tax Year Period: 1 March _____ to _____
(Date of Withdrawal)

REMUNERATION

1.1	Total Salary earned during the above period (Including car allowance)	R
1.2	Amount in 1.1 multiplied by 12 and divided by number of months including part of month, in the period shown above	R
2	Leave Pay	R
3	Allowance Wage	R
4	Overtime Pay	R
5	Commission	R
6	Bonus Gratuity	R
7	Annuity	R
8	1/3 of Total medical Aid contributions paid during the above period (Annualised)	R
9	Voluntary Award for Services Rendered	R
10	Voluntary Award for termination, loss, repudiation or cancellation of employment (subject to any deduction in terms of Section 10 (1) (x))	R
11	Commutation of any amounts due under a contract of employment	R

SUB TOTAL (A) R

LESS

12	Pension Fund Contributions for period (annualised)	R
13	50% Car Allowance	R
14	Retirement Annuity Fund Contribution for period	R

SUB TOTAL (A) R

NETT REMUNERATION

15	Total of (A) less (B)	R
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EMPLOYER DECLARATION : The information reflected above is certified correct

Authorised Signatory

Designation

Date

COMPANY STAMP:

