

Head Office P O Box 78756, Sandton, 2146 113 Katherine Street, Sandown Tel: (011) 520-0000 Fax: (011) 520-0001	<input type="checkbox"/> Durban P O Box 2183, Durban, 4000 4th Floor, Victoria Maine, 71 Margaret Mncadi Avenue, Durban, 4001 Tel: (031) 366-7700 Fax: (031) 304-2418	<input type="checkbox"/> Port Elizabeth P O Box 27135, Greenacres, Port Elizabeth, 6057 70 - 2nd Avenue, Newton Park, Port Elizabeth, 6045 Tel: (041) 391-5200 Fax: (041) 391-5230	<input type="checkbox"/> Cape Town 12th Floor 1 Thibault Square Thibault Square Cape Town, 8001 Tel: (021) 403-9200 Fax: (021) 421-3599
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RETIREMENT CLAIM	NAME OF FUND: _____ EMPLOYER / SECTION: _____
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MEMBER'S PARTICULARS (please complete in full)

Member's First Names and Surname in Full _____ I.D. No (Attach copy of I.D.) _____ Date of Birth _____

Employee No. _____ Date of Employment _____/_____/____ Date of Retirement _____/_____/____ Date of Last Contribution _____/_____/____ Amount of Last Contribution _____

Member _____ Company _____

TYPE OF RETIREMENT (tick appropriate box)

Normal
 Voluntary Early
 Ill-Health
 At Company Request
 Late

PAYMENT OF BENEFIT

1 Full benefit as Lump Sum _____

2 Full benefit used to buy Pension from Insurance Company _____

3 Part of benefit used to buy Pension, Show portion of benefit to be paid as Lump Sum (e.g. 1/4) _____ Portion _____

PAID UP POLICIES FOR DISABLED MEMBER'S DEPENDANTS

	Name	Date of Birth
Spouse 1		
Spouse 2		
Children 1		
2		
3		
4		
5		

PAYMENT INSTRUCTIONS:

Please Note: All Electronic fund transfers issued are 'NOT TRANSFERABLE' and must be deposited into the Payee's Account. 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)

Residential Address:		Postal Code		Postal Address:		Postal Code	
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Telephone number at which member can be contacted: _____

Electronic Fund Transfer
 Post Cheque to member
 Post Cheque to company

SALARY DATA PENSION FUNDS ONLY

(Required to Calculate Pensionable Salary in accordance with the Rules)

Date From	Date To	No of Weeks/ Months	Pensionable Salary	Total

PAYMENT OF OPTIONS ELECTED BY MEMBER

1. Full benefit payable as Lump Sum (Provident Fund's only) _____
 2. Full benefit to purchase Pension from Insurance Company _____
 3. Part of benefit to purchase Pension with balance paid as a Lump Sum. Show portion to be paid as Lump Sum R _____ or _____ % (maximum 33.33% for Pension Funds only) _____

PERIOD OF EMPLOYMENT OUTSIDE RSA PRIOR TO RETIREMENT
 Number of completed years: _____

SIGNATURE:

Certified that the information contained herein is correct.

Member's Signature: _____ Dated: _____

TAXABLE EARNINGS

1. Highest average salary actually earned by the taxpayer during any five consecutive years in service of the employer during his membership of the Fund.

Year	Salary
.....
.....
.....
.....
.....
Total:	R
Average for the 5 years or lesser period if employee was employed for lesser period	R

EMPLOYER'S DECLARATION

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

	SIGNATURE	DATE	
Cheque requisitioned by:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	Cheque Signatory: <input style="width: 100%; height: 20px;" type="text"/>
Cheque released by:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	Date: <input style="width: 100%; height: 20px;" type="text"/>
