

**Head Office**  
P O Box 78756,  
Sandton, 2146  
113 Katherine Street,  
Sandown  
Tel: (011) 520-0000  
Fax: (011) 520-0001

**Durban**  
P O Box 2183, Durban, 4000  
4th Floor, Victoria Mainie,  
71 Margaret Mncadi Avenue,  
Durban, 4001  
Tel: (031) 366-7700  
Fax: (031) 304-2418

**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

**Cape Town**  
12th Floor  
1 Thibault Square  
Thibault Square  
Cape Town, 8001  
Tel: (021) 403-9200  
Fax: (021) 421-3599



**RETIREMENT CLAIM** NAME OF FUND: \_\_\_\_\_  
EMPLOYER / SECTION: \_\_\_\_\_

**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		PAID UP POLICIES FOR DISABLED MEMBER'S DEPENDANTS	
		Name	Date of Birth
1	Full benefit as Lump Sum	Spouse 1	
2	Full benefit used to buy Pension from Insurance Company	Spouse 2	
3	Part of benefit used to buy Pension, Show portion of benefit to be paid as Lump Sum (e.g. 1/4)	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	
----------------------	--	-------------	--	-----------------	--	-------------	--

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

<b>PAYMENT OF OPTIONS ELECTED BY MEMBER</b> (✓)	
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)	
<b>PERIOD OF EMPLOYMENT OUTSIDE RSA PRIOR TO RETIREMENT</b>	
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)  (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:			Cheque Signatory: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
Cheque released by:			Date: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>