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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 _____ / ____ / ____
Employee No. _____ Date of Employment ____ / ____ / ____ Date of Withdrawal ____ / ____ / ____ Date of Last Contribution ____ / ____ / ____
Member _____ Amount of Last Contribution _____ Annual Taxable Salary at _____
Company _____ Date of Withdrawal/Termination _____
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	_____	Income Tax No _____ Revenue Office _____ (The above Income Tax details are only required if the member is a P.A.Y.E Tax Payer)
Account Number	_____	
Type of Account	Current / Savings / Transmission	
Name of Bank / Building Society	_____	
Name of Branch	_____	
Branch Code	_____	

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

Member's Residential Address:	_____	Member's Postal Address:	_____
Postal Code	_____	Postal Code	_____

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) YES NO Attach Proof
Is waiting period to be waived? YES NO

Employer's Stamp

Certified that the information contained herein is correct
Authorised Signature: _____
Designation: _____
Dated: _____

FOR OFFICE USE ONLY

Cheque requisitioned by:	SIGNATURE _____	DATE _____	Cheque Signatory:	_____
Cheque released by:	_____	_____	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 (B) 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:

