

Provident fund withdrawal notification form

Personal details

Full names and surname: _____

Employee number: _____ Gender:

Male	Female
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Identity number: _____ Date of birth: _____

Tax number: _____ Tax office: _____

Date joined Company: _____ Date joined fund: _____

Residential address: _____

Postal address: _____

Contact number: _____ Annual income*: R_____

*Annual income is all income for e.g. salary, remuneration, earnings, emolument, wages, bonus, fees, gratuities, commission, pension, extratime payments, royalties, stipend, allowances and benefits, interest, annuities, share of profits, rental income, compensation, honorarium.

Indebtedness**

Housing loan: _____ Other: _____

Divorce agreement: _____ (If so, please attach copy of agreement)

**A benefit may only be payable to a third party in the event of a housing loan, divorce or in the event of fraud, where a court judgment has been obtained or the member has admitted liability in writing.

Fund details

Date of withdrawal: _____

Reason for withdrawal: retrenchment resignation dismissal

Date of last contribution: _____

Last contribution: member amount = R_____ company amount = R_____

Benefit options: please choose one option

- I am not sure how I would like my benefit to be dealt with and I would like a Financial Planner to contact me.
- I would like to take my benefits in cash***. I understand that in electing this option, my benefit will be subject to tax.
 ***It is important to note that a benefit is taxable in the year of accrual. Any delay in the pay-out will not mean that the benefit is taxed in the later year of payout. Tax directives are obtained on your behalf through the internet and there is a charge payable.

I would like to transfer my benefit to:

New employer's retirement fund Retirement annuity fund Preservation fund

Name of fund: _____ Policy number: _____

Contact person: _____ Contact number: _____

I confirm that I have received financial advice with regard to my benefit options.

Member signature: _____ This form will not be processed without a signature

Please note it is a mandatory requirement to supply a copy of the members ID Document and proof of bank account details in order to finalise this claim.

Bank details

Payment to be made via:

Cheque	EFT
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Bank: _____ Branch: _____ Code: _____

Account type: _____ Holder: _____ Number: _____

Company declaration

We hereby certify that, to the best of our knowledge, the above information is true and correct.

Name: _____ Designation: _____ Company stamp: _____

Contact number: _____ Date: _____

Authorised signature: _____ This form will not be processed without a signature