



**NOTIFICATION OF
WITHDRAWAL (TRANSFERS)**



FUND NAME:												
PARTICIPATING EMPLOYER:							CODE No:					
MEMBER'S SURNAME:												
MEMBER'S FIRST NAMES:												
DATE OF BIRTH:												
IDENTITY NUMBER: (Please attach copy of ID)												
TAX REF. NO.	TAX OFFICE:											
Member's Payroll Ref. No.:												
Member's Date of Exit:	Y	Y	Y	Y	M	M	D	D				
Last Contribution Date:	Y	Y	Y	Y	M	M	D	D				
Last Contribution Amount:	MEMBER:			R			EMPLOYER:			R		
Pensionable Salary at Exit:	R				PM		R				PA	
Reason for Withdrawal:	Resignation			Retrenchment			Dismissal			Other		
Member's PO Address: (Payment)												
Member's Physical Address: (IRP5)												
Benefit Payment Type:	Transfer to another Approved Fund						For Cash Payments use: Withdrawal Form – Cash Payments					
Details for TRANSFER Payment:	<i>NB: Payment will be net of any tax or indebtedness deductions.</i>											
Name of Approved Fund:							<i>Supporting documentation must be provided.</i>					
Institution or Administrator Name:												
Intermediary's Name/Tel. No.:												
Approved Fund Bank A/c details:	<i>NB: Inaccurate details will cause delays in the payment of the benefit, and we, the Fund's Administrator reserve the right to levy a processing fee of R 100 against the member's benefit where we are required to duplicate payments.</i>											
Account Holder's Name:												
Account Number and Type:												
Bank Name:												
Bank Branch & Code:												
Indebtedness to Employer:	R			<i>Supporting documentation attached.</i>					Yes	No		
<i>NB: To be recovered from benefit (as per Section 37D of the Pension Funds Act). Payment to the Employer is only permissible under a registered fund where the member is indebted in respect of a housing loan or fraud or the benefit has been paid by the Employer in special circumstances. Supporting documentation must be provided.</i>												
Authorisation & Discharge: <i>We, the signatories below, do hereby certify that the information is true and correct in every detail, and that the Fund's Administrator is hereby authorized to make payment as stated above, following the withdrawal of the member. We agree that payment by: (a) Electronic Fund Transfer, EFT to the given account above, or (b) crossed cheque shall constitute good and effectual settlement and shall be the full and final discharge of the Fund and the Administrator of their liabilities in terms of the Rules of the Fund.</i>												
MEMBER'S SIGNATURE:							DATE:					
SIGNED ON BEHALF OF THE FUND / EMPLOYER:							COMPANY STAMP					
FULL NAME:												
DESIGNATION:							DATE:					
For Administrator's use:	Membership No.:						Date Captured:					
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