



NOTIFICATION OF RETIREMENT



FUND NAME:											
EMPLOYER:		CODE No:									
MEMBER'S DETAILS											
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 Retirement:		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 Retirement:		R			PM		R			PA	
Form D (On Reverse side of form)		<i>Form D must show HIGHEST ACTUAL salaries earned during ANY five consecutive years in the service of the Employer during membership of the Fund.</i>									
Type of Retirement:		Early		Ill-Health		Normal			Late		
Member's PO Address: (Payment)											
Member's Physical Address: (IRP5)											
PAYMENT INSTRUCTIONS											
1. CASH AMOUNT REQUIRED:		FULL CASH (Provident ONLY)				ONE-THIRD (Max. Pension Fund)					
If OTHER State amount		OTHER				Amount:		R			
2. RESIDUAL CAPITAL: <i>If you are retiring from a Pension Fund, you are required to use the residual capital, which is the balance after any amount commuted for cash, to purchase a pension. Many options, alternatives and varying products are available and it is advisable to seek professional assistance before making your choice.</i>											
BANKING DETAILS											
<i>NOTE: 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>											
1. CASH PAYMENT: <i>(The portion of your Retirement Capital commuted for a cash lump sum). Proof of banking details to be attached</i>		Account Holder's Name:									
		Account Number and Type:									
		Bank Name:									
		Bank Branch & Code:									
2. RESIDUAL CAPITAL: <i>(The balance of your Retirement Capital after any commuted amount as in 1. above). Copy of application form to be attached.</i>		Account Holder's Name:									
		Account Number and Type:									
		Bank Name:									
		Bank Branch & Code:									
<i>NOTE: The Bank Account for the Residual Amount must be that of an Approved Institution.</i>											
Type of Annuity Purchased:										<i>Supporting documentation must be provided.</i>	
Institution or Administrator Name:											
Intermediary's Name/Tel. No.:											
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:			
103 Clifton Place, 1 st Floor, 19 Hurst Grove, Musgrave Postnet Suite 163, Private Bag X10, Musgrave Road, 4062 Tel: +27 (31) 277 0100 Fax: +27 (31) 201 0812 e-mail : admin@fundwise.co.za Gallet is an Authorised Financial Services Provider											
C:\GLLT\GLLT FWSE Forms\GLLT FWSE Form Retirement 2010 V01.doc											

FORM D
(To be completed on Retirement or Death of a member)

DETAILS OF SALARY EARNED

Highest average salary earned by the taxpayer during any 5 consecutive years in the service of the employer during his membership of the fund:

YEAR	SALARY
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>

Average for 5 years or lesser period if employee employed for lesser period

ON DEATH:

The members salary during 12 months immediately preceding death

NOTE:

Salary includes any amount received or receivable annually under a contract of service as well as cost of living allowances, commission, shares of profits, etc., but not occasional bonuses or fees which were dependant on the whim of Directors or employer.

DETAILS OF EMPLOYER:

NAME

PAYE Reference No.

Contact Person

Telephone No.

Postal Address

 Postal Code

Physical Address

 Postal Code

Certified to be true and correct.

(ccyy) (mm) (dd)

Signature

DATE