



**NOTIFICATION OF WITHDRAWAL
(CASH PAYMENTS)**



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:												
Last Contribution Date:												
Last Contribution Amount:	MEMBER:			R			EMPLOYER:			R		
Pensionable Salary at Exit:	R			PM			R			PA		
Reason for Withdrawal:	Resignation		Retrenchment			Dismissal		Absconded				
Member's PO Address: (Payment)												
Member's Physical Address: (IRP5)												
Benefit Payment Type:	Cash			For Transfers use: Withdrawal Form -Transfers								
Details for CASH Payment:	<i>NB: Payment will be net of any tax or indebtedness deductions.</i>											
Bank Account details: (Please provide proof of Banking 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:					
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												