



## RETIREMENT NOTIFICATION



- This form is to be completed by the retiring Member's Employer and signed by both Employer and Member.
- Should the retiring Member wish to purchase a pension with an approved assurer with any portion of the benefit then the Administrators may be contacted to afford retirement advice.
- Copy of the retiring Members I.D. document must accompany this notification.

Name of Fund

Name of Employer

### PARTICULARS OF RETIRING MEMBER

Full name

Gender

Fund membership or Company number (if applicable)

Date of birth

y

y

y

y

m

m

d

d

Identity Number

Income tax reference no. (if applicable)

Office (if applicable)

Postal address

Code

Residential address

Code

Telephone number at which former Member may be reached during office hours

Date of Retirement

y

y

y

y

m

m

d

d

Annual salary for Fund purposes at date of retirement

R

### BANKING DETAILS

Name of banking / building society

Branch name

Branch code

(banks only and comprising 6 digits)

Account number

### SPOUSE'S DETAILS

Full name

Gender

Date of birth

Identity Number



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**PENSION FUND**

The retiring Member may commute up to 1/3<sup>rd</sup> of the retirement benefit for cash (subject to tax) and the remaining 2/3rds must be used to purchase a compulsory annuity with an approved assurer.

Please indicate if a 1/3<sup>rd</sup> commutation is required by the retiring member  Yes  No

If a commutation of less than 1/3<sup>rd</sup> is required please state the amount

**PROVIDENT FUND**

The retiring Member may take the full retirement benefit in cash (subject to tax) or may purchase a voluntary annuity with an approved assurer

Please indicate if any portion of the retirement benefit is to be used to purchase a Voluntary annuity  Yes  No

If yes please provide details below.

**COMPULSORY / VOLUNTARY ANNUITY DETAILS (if applicable)**

Name of the receiving approved annuity fund (delete which is not applicable) to which the benefit is to be transferred

Please provide details of the receiving fund's Administrators, Insurer or Broker to enable the existing Fund's Administrators to make contact and process the necessary formalities

Administrator / Broker

Contact person

Telephone number

**RETIRING MEMBER'S DECLARATION**

I,  confirm that I am retiring from the abovementioned Fund as at  (Date)

Signed  Date

**EMPLOYER'S DECLARATION**

I, the undersigned  in my capacity as  (designation) of  (name of Employer)

hereby declare that to the best of my knowledge and belief the particulars reflected on this form are true and correct.

Signed  Date

