



Retirement Claim Form

Complete where applicable using block letters or tick



Scheme Name:

Employer Name:

Employer Branch Name or Number:

Scheme Number:

Member's particulars (please complete in full)

Surname & Title:

First Names and Initials:

Identification Number:

Date of Birth:
dd/mm/yyyy

Member's Residential
address:

Member's
Postal address:

Member's contact
numbers:

Cell:

Member's email address:

Employee number:

Date of employment:
dd/mm/yyyy

Date of retirement:
dd/mm/yyyy

Date of last contribution:
dd/mm/yyyy

Amount of last
contribution:

Member:

 -

Employer:

 -

Annual taxable salary at
date of retirement:

 -

Period of employment outside
RSA prior to retirement:

Completed
years

From:

To:

Income Tax number:

Revenue Office:

- The above Income Tax details are compulsory.
- Non completion of these will result in a delay in the settlement of this claim.

Retirement Claim Form

Type of Retirement (Tick the appropriate box)

Normal Voluntary early Ill health At employers request Late

Is there a divorce court order issued affecting the payment of Fund benefits?

Yes No If Yes, please provide a copy of your divorce order.

Indebtedness to employer to be recovered from benefits (deductions as per section 37D of the Pension Funds Act)

R -

Section 37D of the Pension Funds Act

The section provides two instances when a Fund may deduct amount from a member's benefit. These are:

- When the member owes the Fund of his Employer money for an outstanding housing loan given by the Fund or the Employer or when the Fund or Employer provides a guarantee for a housings loan taken by the member and the guarantee is enforced.
- In the event of an Employer suffering loss due to an employee's theft, dishonesty, fraud or misconduct, where the employee has admitted in writing or a court judgement has been obtained and a compensation order has been made against the member.

Documentation to be attached

Member's proof of age Required for all Retirement notifications submitted

Annual Salary

1. Annual Salary includes all amounts the employee is entitled to in terms of his service contract, including the value of fringe benefits, commission and bonuses. This may exceed his salary declared to the Fund.
2. The five year term relates to the highest average salary in any 60 month period whilst the employee was in service of the employer and whilst he was a member of the Fund.

	Date dd/mm/yyyy	Date dd/mm/yyyy	Taxable Earnings
From	<input type="text"/>	To	<input type="text"/>
From	<input type="text"/>	To	<input type="text"/>
From	<input type="text"/>	To	<input type="text"/>
From	<input type="text"/>	To	<input type="text"/>
From	<input type="text"/>	To	<input type="text"/>
From	<input type="text"/>	To	<input type="text"/>
Average for the 5 years			<input type="text"/>

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Payment instructions: Payment and distribution of benefit

- Full benefit payable as lump sum (Provident Funds only).
- Full benefit to provide pension.
- Part of benefit to provide pension with balance paid as a lump sum.

Complete **benefit to member** section below in full

Complete **transfer** section below in full

Complete **both the transfer and the benefit to member** sections below in full

Show portion to be paid a lump sum

R - or % (maximum 33.33% for Pension Funds only)

If the benefit is to be transferred to a Retirement Annuity, Preservation Fund or the new Employer's Retirement Fund, attached a copy of the Application Form.

TRANSFER

Name of Fund/Insurer:

Policy/deposit reference:

Contact person's name:

Contact person's telephone: Cell:

Contact person's email:

If the benefit is to be paid to the member, please ensure that the banking details section below is completed in full.

Payment by cheque: Electronic transfer / direct deposit of funds

Please note:
Ensure that the bank account details supplied are in respect of **member's own account**.

BENEFIT TO MEMBER

Account holder's name:

Account number:

Branch code: Type of account

Name of bank:

Name of branch:

Should you require financial assistance please contact your financial advisor or N-e-FG Administrators on 0861 409 409.

Member's signature and discharge

I declare that:

- Payment of my benefit as specified herein represents the full and final discharge of the Fund's liability to me as set out in the Rules of the Fund;
- The details provided herein are true and correct in every way;
- I understand the options available to me with regard to payment of my benefits, including the tax implications and that I am making an informed choice;
- In the event of any loss suffered as result of any details provided herein being incorrect, neither the Fund nor N-e-FG Administrators (Pty)Ltd can be held liable for such losses.

Member's signature

Date:

dd/mm/yyyy

Employer's declaration

The employer declare that:

- The information herein is correct.
- It shall indemnify N-e-FG Administrators(Pty) Ltd against any loss, damages, cost and expenses which the beneficiaries and or the Fund may sustain as a result of N-e-FG Administrators (Pty) Ltd or the Fund relying on the information herein.

Employer's stamp

Authorised Signature:

Designation:

Date:

dd/mm/yyyy