

BENEFIT CLAIM FORM

MEMBER PERSONAL DETAILS

Member Code: _____

Title: _____ Names: _____

Surname: _____

Identity Number: _____ Date of Birth: _____

Income Tax Number: _____ Passport Number: _____

Contact Address: _____

_____ Postal Code: _____

Telephone Number: () _____ Fax Number: () _____

Email Address: _____

DIVORCE DECREE/COURT ORDER

Do you have any Divorce Decree/Court Orders that the Fund should be notified about? Yes No
(If Yes, complete details below)

DETAILS OF EX SPOUSE

Title: _____ Names: _____

Surname: _____

Contact Address: _____

_____ Postal Code: _____

Contact Number: () _____

EXIT DETAILS

Exit Reason: RETRENCHMENT
RETIREMENT
DEMISE
WITHDRAWAL
ILL HEALTH RETIREMENT
SECTION 14 TRANSFER

Exit Date: _____ Fund: Pension Fund Provident Fund

Cause of Death: _____

TAX DIRECTIVE DETAILS (FORM D)

Highest gross annual income earned during any five consecutive years in the service of the employer during membership of the Fund in the event of death and retirement and the last year's income for withdrawals.

PLEASE NOTE: For the purpose of the following, salary includes an amount received or received annually under a contract of service as well as cost of living allowance, commission, share of profits etc. but not occasional bonuses or fees, which were dependent on the whim of directors or employer.

Year 1: _____ Annual Income: R _____

Year 2: _____ Annual Income: R _____

Year 3: _____ Annual Income: R _____

Year 4: _____ Annual Income: R _____

Year 5: _____ Annual Income: R _____

ARTICLE 37D DEDUCTIONS

Housing Loan/Guarantee: Yes No Amount: R _____

Compensation of damage caused by an employee

Type: _____ Date: _____ Amount: R _____

BENEFIT OPTION

This section is NOT applicable for demise exit codes.

Benefits are paid in terms of the rules of the specific Fund.

Valid Options: [1] Full benefit to be paid as a cash lumpsum. (Complete your bank details below).

 [2] Full transfer of benefit to an Approved Fund

 [3] Partial transfer of benefit to an Approved Fund (% to be indicated) _____%

Number of annuities purchased (Max 4): _____

If option 2 or 3 is selected please ensure a REGISTERED INSURER TRANSFER DETAIL form is completed per annuity purchased.

MEMBER BANK DETAILS

Name of Account Holder: _____

Bank Name: _____

Branch Code: _____

Account Number: _____

Account Type: _____

PERSONAL INFORMATION DECLARATION

In line with prescription of the Promotion of Access to Information Act 2 of 2000 (as amended), I hereby authorise Metropolitan Retirement Administrators or the Fund to provide my employer with personal information.

Yes No

Member's Signature

Date: _____

DECLARATION BY MEMBER

I hereby confirm that the details provided herein are true and correct in every way and authorise the Administrator to verify the bank details as provided. I understand the options available to me with regard to the payment of my benefits, including the tax implications and that I am making an informed choice. In the event of any loss suffered as a result of any details provided herein being incorrect, neither the Fund nor Metropolitan Retirement Administrators can be held liable for such loss. I do further confirm that I will not be recommencing work with the same employer, in either a permanent or contractual capacity.

Surname: _____

Names: _____

Identity Number: _____

Member's Signature


Date: _____

DECLARATION BY EMPLOYER

Surname: _____

Names: _____

Identity Number: _____ Contact Number: _____



Employer's Signature _____ Date: _____

IN CASE OF NON-DEMISE THE MEMBER AND EMPLOYER SIGNATURES MUST BE PRESENT TO ENABLE PAYMENT