

Notification of Termination of Service (To be completed by employer in full)

1 PARTICULARS OF FUND				
1.1	Name of fund _____			
1.2	Employer _____			
2 PARTICULARS OF MEMBER				
2.1	Fund reference number _____			
2.2	Employee number _____			
2.3	Surname _____			
2.4	Full names (Mr/Mrs/Miss) _____			
2.5	Date of birth _____			
2.6	Home language <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">English</td> <td style="padding: 2px;">Afrikaans</td> </tr> </table>	English	Afrikaans	
English	Afrikaans			
2.7	Identity number _____			
3 INCOME TAX DETAILS				
3.1	Member's income tax reference number _____			
	Revenue office _____			
	If the member is a SITE taxpayer and if income tax is to be deducted from the member's benefit in accordance with standard tables issued from time to time by the South African Revenue Services, the following information must be provided:			
3.2	Member's total taxable earnings for the current tax year to date of withdrawal _____			
3.3	Member's total taxable earnings for the immediately preceding tax year _____			
3.4	Commencement date of member's employment _____			
3.5	Are you aware of any stop order or other request issued by the revenue authorities to recover arrear or unpaid income tax from this employer? _____			
NB:	<i>The employer will be liable for the payment of any employee's income tax that is underpaid as a result of incorrect information furnished in this section</i>			
4 PARTICULARS ON TERMINATION OF SERVICE				
4.1	Last day in employer's service _____			
4.2	Date of last contribution to the fund _____			
4.3	Total contribution by member from previous fund anniversary to date of termination of service R _____			
4.4	Total contributions by member for the fund year preceding the last fund anniversary (if not yet supplied to the administrator) R _____			
4.5	Contribution for final month of membership R _____			
4.6	Present annual pensionable salary R _____			
4.7	Reason for termination of service <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Voluntary resignation</td> <td style="padding: 2px;">Retrenchment</td> <td style="padding: 2px;">Other (specify)</td> </tr> </table>	Voluntary resignation	Retrenchment	Other (specify)
Voluntary resignation	Retrenchment	Other (specify)		
5 INSTRUCTIONS FROM EMPLOYER				
5.1	Payment of benefit must be withheld for _____ months			
5.2	The fund/employer has a preferential claim against the member's benefit in the amount of R _____ (Documents in support of the claim must be attached.)			
NB:	No benefit will be paid unless the reverse side of the form has also been completed.			
	Date _____			
	Signature _____ Capacity _____			
	(on behalf of employer)			