

Notice of Retirement

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	English	Afrikaans
2.7 Income tax reference number	2.8 Revenue office		
2.9 Identity number			

3 PARTICULARS ON RETIREMENT

3.1 Date of retirement	
3.2 Date of last contribution to fund	
3.3 Total contributions by member from previous fund anniversary to date of retirement	R
3.4 Total contributions by member for the fund year preceding the last fund anniversary (if not yet supplied to the administrator)	R
3.5 Annual pensionable salary at date of retirement	R
3.6 Form D completed by employer is attached	
3.7 Proof of age of member and dependants are attached	
3.8 Preference claim by employer R	(supporting documents are attached)
Certified as being accurate and correct	
Date	Signature
Capacity	
(on behalf of employer)	

4 TO BE COMPLETED BY MEMBER

4.1 Options which you may elect (tick (✓) the appropriate box)

(a)	<input type="checkbox"/>	Receive full pension
(b)	<input type="checkbox"/>	Commute (maximum of one third) of pension
(c)	<input type="checkbox"/>	Select a joint last survivor pension payable on my life and
		(name), being (relationship)
		born on (date) (proof of age attached)
		This pension should remain constant/must be reduced by (percentage) on the first death.
(d)	<input type="checkbox"/>	Other (specify)

4.2 Do you wish to exercise the conversion option? YES NO

4.3 Do you wish to discuss the above options? YES NO If "YES", provide telephone number

4.4 For security reasons the pension benefit will be deposited directly into a Bank account.

Name of Bank	
Branch	Branch code
Type of account (savings/cheque)	Account number
Name of accountholder	

An authorisation and indemnity form must be completed by the member if the benefit is to be paid by cheque. (This form is available from the employer)

Member's signature	Date
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Kennisgewing van Aftrede

1 BESONDERHEDE VAN FONDS

1.1 Naam van fonds

1.2 Werkgewer

2 BESONDERHEDE VAN LID

2.1 Fondsverwysingsnommer

2.2 Werknemernommer

2.3 Van

2.4 Volle voorname (Mnr/Mev/Mej)

2.5 Geboortedatum

2.6 Huistaal

Engels

Afrikaans

2.7 Inkomstebelastingverwysingsnommer

2.8 Belastingkantoor

2.9 Identiteitsnommer

3 BESONDERHEDE BY AFTREDE

3.1 Datum van aftrede

3.2 Datum van laaste bydrae aan fonds

3.3 Totale bydraes deur lid vanaf vorige fondsverjaardag tot aftreedatum

R

3.4 Totale bydraes deur lid vir die fondsjaar geëindig op die laaste fondsverjaardag (indien nie reeds aan die administreerder verskaf nie)

R

3.5 Jaarlikse pensioengewende salaris op aftreedatum

R

3.6 Vorm D deur werkgewer ingevul, is aangeheg

3.7 Ouderdomsbewys van lid en afhanklikes is aangeheg

3.8 Voorkeureis deur werkgewer R

(stawende dokumente is aangeheg)

Gesertifiseer as waar en korrek

Datum

Hoedanigheid

Handtekening

(namens werkgewer)

4 MOET DEUR LID INGEVUL WORD

4.1 Opsies wat u mag uitoefen [merk (✓) die toepaslike blokkie]

(a) Ontvang volle pensioen

(b) Kommuteer (maksimum van een derde) van pensioen

(c) Verleng 'n gesamentlike langsewendepensioen op my lewe en

(naam), synde

(verwantskap)

gebore op

(datum) (ouderdomsbewys aangeheg)

Hierdie pensioen moet konstant bly/verminder met

(persentasie) by die eerste afsterwe.

(d) Ander (spesifiseer)

4.2 Wil u die omsettingsopsie uitoefen?

JA

NEE

4.3 Wil u bogenoemde opsies bespreek?

JA

NEE

Indien "JA", verstrek telefoonnommer

4.4 Vir sekerheidsredes sal die pensioenvoordeel direk in 'n Bankrekening gedeponeer word.

Naam van Bank

Tak

Takkode

Tipe rekening (spaar/tjek)

Rekeningnommer

Naam van rekeninghouer

'n Magtigings- en vywaringvorm moet deur die lid ingevul word Indien die voordeel per tjek betaal moet word. (Hierdie vorm is beskikbaar by die werkgewer.)

Handtekening van lid

Datum



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Consultants and Actuaries
Konsultante en Aktuarisse

To be completed by the member's employer in all cases where Form A is applicable, and submitted by the Trustee/Administrator/Insurer of the Fund in conjunction with Form A to the Receiver of Revenue concerned.

- 1. NAME OF EMPLOYER:
ADDRESS OF EMPLOYER:
EMPLOYEE'S SURNAME:
EMPLOYEE'S FIRST NAME:

2. Highest average salary actually earned by the taxpayer during any five consecutive years in the service of the employer during his membership of the Fund.

Table with 2 columns: YEAR, SALARY. Contains 5 rows for data entry.

Total R
=====

Average for the five years or lesser period if employee employed for lesser period R _____

3. To be completed on the DEATH of an employee: Twice the salary during 12 months immediately preceding death
R _____

NOTE: For the purpose of questions 2 and 3, "Salary" includes any amount received or receiveable annually under a contract of service as also cost of living allowance, commission, share of profits, etc., but not occasional bonuses or fees which were dependent on the whim of the directors or employer.

Certified correct to the best of my knowledge and belief.

Date

Manager/Secretary