



WITHDRAWAL CLAIM FORM

SCHEME DETAILS

Employer name

Scheme code

MEMBER DETAILS

First name(s)

Surname

Identity number

Passport number (if no RSA ID)

Employee number

Email address

Date of service termination

Annual salary at exit

Last employee contribution

Member's residential address

Member's postal address

Date of birth

Country of issue

Membership number

Cellphone number

Income tax number

Last contribution month

Last employer contribution

Reason for withdrawal Resignation Dismissal Retrenchment

Benefit Options (Select ONE option only)

Cash Lump Sum Transfer to other approved fund* Part cash/Part transfer*

* Please attach a copy of the Application Form.

Member's bank account details (must be member's OWN bank account)

Name of account holder

Name of bank

Account number

Type of account Savings Cheque Transmission

Name of branch

Branch code

MEMBER DECLARATION

- I confirm that all options in terms of the rules of the Fund have been explained to me.
- I agree that the payment of the benefit in terms of the option elected above is the full and final benefit payable from the SACCAWU National Provident Fund to me.
- I hereby acknowledge and take note that providing false information on this form is a criminal offense and that criminal charges can be laid against me.

Member's signature

Date

EMPLOYER DECLARATION

Prior claim YES NO

If "YES", please complete a Prior Claim Form and attach it to this form.
Certified that the information supplied in this form is accurate and complete.

Employer's signature

Designation

Date

Old Mutual is a Licensed Financial Services Provider

