





WITHDRAWAL CLAIM FORM

SCHEME DETA	ILS		
Employer name			
Scheme code			
MEMBER DETA	All S		
First name(s)	1113		
Surname		2. (1.4 [2] 2 [2] 2 [2] 2	
Identity number Passport number		Date of birth D D M M Y Y Y	IY
(if no RSA ID)		of issue	
Employee number		Membership number	
Email address		Cellphone number	
Date of service termination	D D M M Y Y Y Y	Income tax number	
Annual salary	R	Last contribution	
at exit Last employee		month Last employer	
contribution	R	contribution R	
Member's residential			
address			
Member's postal address			
Reason for with	hdrawal Resignation Dismissal	Retrenchment	
Benefit Options	(Select ONE option only)		
Cash Lump S			
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	by of the Application Form.	Part cash/Part transfer*	
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* Please attach a cop Member's bank Name of account holder	by of the Application Form.	account)	
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Old Mutual Life Assurance Company (South Africa) Limited. Reg No: 1999/004643/06

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