



# RETIREMENT 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 retirement

Annual salary at exit  R

Last employee contribution  R

Member's residential address

Member's postal address

Date of birth

Country of issue

Old Mutual reference number

Cellphone number

Income tax number

Last contribution month

Last employer contribution  R

**Reason for retirement**  Normal  Early  Late  Ill Health

### Benefit Options (Select ONE option only)

Cash Lump Sum  Purchase a pension with the entire benefit\*  Part cash and purchase pension with balance\*

\* Please attach a copy of the Application Form. Cash portion  R

### 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

