

Fund Name \_\_\_\_\_

**RETIREMENT NOTIFICATION FORM- DEFERRED**

**PERSONAL DETAILS**

Full Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Gender:  F  M

ID/Passport Number: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Postal Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**EXIT DETAILS**

Type of Retirement:  Voluntary Early / Ill Health  Normal  Late

Date of Retirement: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**BENEFIT OPTIONS**

I am not sure how I would like my benefit to be dealt with, I would like a Financial Planner to contact me.

I would like to take \_\_\_\_\_ of my benefits in cash. (a maximum of 50% of the benefit can be taken in cash which is wholly tax exempt) and purchase an annuity from **a licensed insurer** with the remaining balance.

I would like to use \_\_\_\_\_ of my benefits to clear my mortgage balance or medical bills(limited to the member's commutable portion with a maximum of 50% of the benefit)

I would like to purchase an annuity from a registered insurer with my **full** retirement benefit

**MEMBER ACCOUNT DETAILS**

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Account No: \_\_\_\_\_ Account Holder: \_\_\_\_\_

Country \_\_\_\_\_

**IMPORTANT**

The following documentation must be attached. Please provide originally certified copies.

ID/Passport  Marriage Certificate  Spouses ID/Passport  Proof of banking account

Member Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_