

RETIREMENT NOTIFICATION FORM- DEFERRED

Fund Name: _____

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 1/3rd of my benefits in cash. (For pension funds a maximum of 1/3rd of the benefit can be taken in cash) and purchase an annuity from a **licensed insurer** with the remaining 2/3rds.

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

MEMBER ACCOUNT DETAILS

Bank: _____ Branch: _____

Account No: _____ Account Type: _____

Swift Code: _____ Account Holder: _____

Country _____

IMPORTANT

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

☐ ID/Passport ☐ Marriage Certificate(if applicable) ☐ Spouses ID/Passport(if applicable)

Member Signature: _____ **Date:** ____/____/____