

WITHDRAWAL NOTIFICATION FORM

Name of Fund: _____

PERSONAL DETAILS

Full Name: _____

Employee Number: _____ Member Number: _____

Gender:

F	M
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Omang Number: _____ Date of Birth ___/___/_____

Date Joined Company: ___/___/_____ Date Joined Fund: ___/___/_____

Postal Address: _____ Email Address _____

Physical Address: _____

Cell Number: _____ Landline _____

SALARY AND TAX DETAILS

Salaries Paid in Current Tax Year: P _____

P.A.Y.E : P _____

Tax Identification Number (TIN): _____

EXIT DETAILS

Withdrawal Type: Resignation Dismissal Retrenchment / Redundancy

Withdrawal Date: ___/___/_____ Last Contribution Date: ___/___/_____

BENEFIT OPTIONS

- I would like to take the greater of P 5000 or 25% (33^{1/3}rd in the case of retrenchment) of my benefits in cash. I understand that in electing this option, my benefit will be subject to tax.
- I would like to transfer my **full** benefit to another approved fund (please complete the details below)
- I would like my deferred benefit (where applicable) to remain in the fund.
- I would like my deferred benefit to be transferred to a Preservation Retirement Fund.
- I would like my deferred benefit to be transferred to my new employer's fund or another approved fund.

Details of Fund for transfer of full or deferred benefit

- New Employer's Pension Fund
- A Retirement Annuity Fund
- Preservation Retirement Fund

Name of Fund: _____ Policy Number(if applicable): _____

Contact Person: _____

Contact Number: _____

Member Signature: _____

MEMBER ACCOUNT DETAILS

Bank: _____ Branch: _____

Branch Code: _____

Account No.: _____ Type: _____

Account Holder: _____

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COMPANY DECLARATION

We hereby certify that, to the best of our knowledge, the above information is true and correct.

Name of Authorized Personnel: _____ Designation: _____

Contact Number: _____ Authorized Signature: _____

Date: ____/____/____

Company Stamp: