



A. THIS SECTION MUST ALWAYS BE COMPLETED

NAME OF THE EMPLOYER:
FUND CODE: BRANCH CODE:
SURNAME OF EMPLOYEE (MR/MRS/MISS):
FIRST NAME:
DATE OF BIRTH: MARITAL STATUS: GENDER:
FUND REFERENCE NUMBER:
REASON FOR MEMBERSHIP CEASING: (TICK APPROPRIATE BOX)
WITHDRAWAL RETIREMENT DEATH
ANNUAL SALARY AS AT DATE MEMBERSHIP CEASED: DD MM YY

B. TO BE COMPLETED IF IT IS A WITHDRAWAL

Table with 2 rows and 4 columns for withdrawal reasons and benefits. Row 1: Reason for withdrawal (RESIGNATION, DISMISSAL NON - FRAUD, RETRENCHMENT, DISMISSAL - FRAUD). Row 2: Benefits to be (CASHED, INVESTED(PROTEKTOR), TRANSFERRED).

C. TO BE COMPLETED IF IT IS A RETIREMENT (attach original proof of age)

Table with 2 rows and 4 columns for retirement types. Row 1: Type of retirement (NORMAL, EARLY). Row 2: (LATE, ILL HEALTH).

2. Options which may be selected by the employee (please mark with a cross where applicable)

- A [ ] To receive the pension in full without commutation.
B [ ] To commute (fraction) (not more than one-third) of the pension for its cash equivalent
C [ ] To receive a joint and Survivorship pension on the joint lives of himself/herself and his/her Born on (name) (relationship) (please attach proof of age). This pension is to continue in full/reduced by on (a) the member's death whilst beneficiary is still alive/or (b) Either the member's or beneficiary's death

D. IF IT IS A DEATH attach Original Death Report or death Certificate

E. EXIT MEMBER CONTACT DETAILS

A. Contact Address B. Bank Details
Bank Name
Account No:
C. Tel No Branch

F. PRINCIPAL OFFICER DECLARATION

I/We the undersigned hereby declare:
(a) that the person named on this claim form is/was in fact a legitimate member and contributor of the fund
(b) that the information provided herein of this applicant are both correct

EMPLOYER OFFICIAL STAMP

NAME SIGNATURE DESIGNATION TEL NO