







**APPLICATION FOR WITHDRAWAL / TRANSFER / RETRENCHMENT (CONTINUED)**

<b>Industry Number (Member)</b>	<b>Identity Number (Member)</b>
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**SECTION 2 TRANSFER OF BENEFIT DETAILS**

**PRODUCT DETAILS**

Name Of Financial Institution	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Name of Approved Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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**INDICATE THE TYPE OF FUND *(Tick Applicable Block Only)***

Approved Retirement Annuity Fund	<input type="checkbox"/>	Approved Pension Preservation Fund	<input type="checkbox"/>
Approved Pension Fund	<input type="checkbox"/>	Approved Provident Preservation Fund	<input type="checkbox"/>
Approved Provident Fund	<input type="checkbox"/>		

Approved Fund SARS Registration Number	<input type="text"/> 1 <input type="text"/> 8 <input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Approved Fund FSB Registration Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Policy /Membership Reference Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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**BANKING DETAILS OF FINANCIAL INSTITUTION**

Name of account holder	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Name of Bank	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Branch name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Account number	Branch code
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**FINANCIAL ADVISOR/INTERMEDIARY DETAILS**

Name of Advisor/Intermediary
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Financial Advisor/Intermediary Code
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FAIS Registration Number
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<b>Work Tel No</b>	Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<b>Mobile No</b>	Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<b>E-Mail</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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**IMPORTANT : DOCUMENTARY REQUIREMENTS CHECKLIST**

**Note: the documentary requirements need to be complied with in full. Failure to comply will lead to a delay in payment or alternatively to cancellation of the benefit application.**

1	Copy of Identity Document	<input type="checkbox"/>
2	Copy of passport if <u>no</u> Identity Document	<input type="checkbox"/>
3	Bank statement in the event of a full or partial cash withdrawal. The Bank statement needs to be on the official stationary of the Bank and contain the Bank Logo, Official Bank stamp and be signed by the member.	<input type="checkbox"/>
4	Annuity letter from the Financial Institution of Financial Advisor in the event of a full or partial transfer stating relevant details.	<input type="checkbox"/>
5	Certified copy of retrenchment letter indicating non-voluntary nature (if applicable).	<input type="checkbox"/>



### APPLICATION FOR WITHDRAWAL / TRANSFER / RETRENCHMENT (CONTINUED)

Industry Number (Member)							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Identity Number (Member)											
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#### DECLARATION BY MEMBER

By signing this form I confirm that I realise, understand, acknowledge or am satisfied that:

- I have read the brochure and understand the content and implications contained therein.
- I have a period of 24 months after termination of my service or contributory membership in which to elect an option. This includes the option to retain membership as a non-contributory member subject to the terms and conditions in the Rules of the Fund/s.
- I may qualify for a lifelong pension if I am eligible for an early retirement benefit or if I can prove I am totally and permanently disabled as envisaged in the Rules.
- I can only withdraw/transfer my fund credit if I terminate my membership of the Fund/s. If I do so I will not qualify for a retirement benefit and will thus forfeit a claim to a lifelong monthly pension for myself or for my spouse on my death.
- By completing this form I cancel any existing application to be found disabled that has not been finalised by the Fund/s.
- My fund credit on withdrawal/transfer will not include death or disability cover. Such cover ceases when my service or contributory membership ceases.
- If I knowingly mislead the Fund or withhold relevant information, including those in relation to divorce, civil and/or criminal proceedings can be instituted against me. The Fund/s will be absolved of liability for loss which any person may suffer as a result.
- My financial adviser is qualified and authorised in terms of the applicable legislation to provide the services rendered and must disclose available options and other information relevant to me. I cannot hold the Fund/s liable if my adviser did not disclose information or gave inappropriate advice which may result in me suffering any loss or inconvenience.
- My election is irrevocable and the Fund/s will not be obliged to allow the transaction to be reversed once put into effect, including a transfer.
- Payment/transfer according to my instructions will constitute full and final settlement of all claims against the Fund/s. The Fund/s will have no further liability toward any person in respect of this or any other benefit relating to my membership.

I hereby elect to withdraw / transfer my fund credit in line with the above application.

Signature of Member

Date (YYYYMMDD)							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please send your application form and required documents to : The Manager, MPF Management Services, P O Box 61172, Marshalltown, 2107