



24 Napier Road, Richmond 2092
 P.O. Box 291248, Melville 2109
 Tel: (011) 727 2800
 Fax: (011) 482 7044
 Web: www.mwrfund.org.za
 Fund Reg No. 12/8/31796/1

Nomination form

Section A: Members details

Title:	Mr.		Mrs.		Miss.		Other	
Surname:								
First Names:								
Date of Birth	D	D	M	M	Y	Y	Y	Y
Gender:	Male				Female			
Marital Status:	Married				Single			Other:
Date of entry into service	D	D	M	M	Y	Y	Y	Y
Date of joining the fund	D	D	M	M	Y	Y	Y	Y

Section B I have the following dependants:

I hereby designate the following beneficiaries to receive my benefit payable on my death

Initials and surname	ID number/ DOB	Relationship	% of benefit

Signed at _____ this _____ day of _____ 20 _____

Member's signature _____

Witness 1 _____

Date: _____

Witness 2 _____



APPLICATION FORM

Municipal Workers Retirement Fund

P O Box 291248, Melville 2109

24 Napier Road, Richmond, 2102

Tel: 011 7272 800

Fax: 0114827044

PLEASE COMPLETE ALL SECTIONS IN BLOCK LETTERS

Section A Details of applicant

Title	Miss		Mr.	Mrs.	Other		
Surname	<input type="text"/>						
First names	<input type="text"/>						
Municipality	<input type="text"/>						
Identity number	<input type="text"/>						
Physical address	Home: <input type="text"/>						
	Code <input type="text"/>						
Postal address	<input type="text"/>						
	Code <input type="text"/>						
Email address	<input type="text"/>						
Telephone no.	Cell: <input type="text"/>	Home <input type="text"/>			Work <input type="text"/>		
Fax no.	<input type="text"/>						
Marital status	Married	Single	Gender			Male	Female

Section B Details of employer

Municipality	<input type="text"/>					
Province	<input type="text"/>					
Payroll contact person	<input type="text"/>					
	<input type="text"/>					
Postal address	<input type="text"/>					
	Code <input type="text"/>					
Telephone no.	<input type="text"/>			Fax no. <input type="text"/>		

Email address

Section C Salary details

Monthly salary

Weekly wage

Contribution percentage

er%		ee%		Amount	
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Date entering into service

Date joining the fund

Section D

I hereby authorise my employer to make the agreed deductions from my salary on behalf of the MWRF:

Applicant signature: _____ Date: _____

Explanatory Notes

1. The minimum contribution rate by employees to the MWRF is 7.5% or more.
2. The minimum contribution rate by employer to the MWRF is 18% but not limited to. Where employer contribution more than 18 % then the same % will apply to MWRF members.
3. The MWRF is open to all members of any Union when approved by the board of trustees.

Employer Signature: _____

Employer stamp
