



WITHDRAWAL FORM

Municipal Workers Retirement Fund

24 Napier Road, Richmond 2102.

P.O.BOX 291248, Melville, 2109

Tel: 0117272800 Fax 0114827044

Municipality name

Province

1. TYPE OF WITHDRAWAL

Retirement Resignation Retrenchment Dismissal

Absconded Contract ended Transfer Other

Other (state)

Date of exit

2. PARTICULARS OF MEMBER

Surname

First name

Date of birth ID NO.

Marital status Single Married Divorced Other

If divorced please attach divorced decree

Does member have any maintenance or divorces orders? Yes No

If yes please attach maintenance order

Residential address

Postal address

Email address

Telephone no. Cell Home

Income tax number Tax office

3. BENEFIT PAYMENT OPTIONS

Transfer to another Fund Commute a portion in cash Full benefit amount in cash

Amount to be transferred: R Cash Payout: R

Name of Institution /Fund:

Bank name: Account no.: Clearing code:

4. MEMBERS BANKING DETAILS

Name of account holder

Account number

Name of bank Branch code:

I, the above account holder hereby give the Municipal Workers Retirement Fund permission to verify my person details to my bank account.

Member's signature

_____ Date _____

5. CONTRIBUTION DETAILS

Last date of contribution

Amount

Change in contribution date

Amount

Annual Remuneration (salary). Applicable to retirement applications only.

Highest average salary earned by the taxpayer during any 5 consecutive year in the service of the employer during his/her membership to the fund.

Year	Year	Amount	Remuneration (Salary)
1			
2			
3			
4			
5			
Total			

NB: Salary is a gross income which is paid or payable to an employee who renders a services to an employer by way of a wage, leave pay, overtime, bonus,

6. EMPLOYERS DECLARATION

Are there any monies to be recouped from the benefit in terms Section 37 D of the Pension Fund Act?

Y

N

If yes, please supply reason

State amount to be recovered

Please attach the following documents when sending the withdrawal form. Tick

Withdrawal form

Proof of residential address

Original Certified ID copy (*Not a fax copy*)

Divorce order (only for divorces)

Recent bank statement

Maintenance order (only if applicable)

HR Representative Name: _____ Signature: _____ Date: _____

EMPLOYER'S STAMP