



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						
First names						
Municipality						
Identity number						
Physical address	Home:					
						Code
Postal address						
						Code
Email address						
Telephone no.	Cell:	Home			Work	
Fax no.						
Marital status	Married	Single	Divorced	Partner	Gender	Male Female

Section B Details of employer

Municipality		
Province		
Payroll contact person		
Postal address		
	Code	
Telephone no.	Fax no.	

Email address

Section C Salary details

Monthly salary

Weekly wage

Contribution percentage

er%	<input type="text"/>	ee%	<input type="text"/>	Amount	<input type="text"/>
-----	----------------------	-----	----------------------	--------	----------------------

Date entering into service

Pensionable service date

Date joining the fund

Section D

Please tick

Are you currently a member of a retirement fund?

YES

NO

If yes, name of the retirement fund:

I hereby authorise that my transfer value from the above-mentioned fund be transferred with immediate effect.

I hereby authorise my employer to make the agreed deductions from my wages 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