



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

**SURPLUS DISTRIBUTION CLAIM FORM: Section 1: Claimant/Personal Details.**

Names:	Surname:	ID Number:
Tax Reference:	Ph no:	Cell:
Name of former member:		ID Number:

**Section 2: Residential Details.**

Physical Address	Postal Address

**Section 3: Banking Details (where a member is deceased, please provide an estate late account details)**

Name of the Bank:	Branch code:	Type of account
Account Holder:	Account Number	

**Section 4: Attachments: Latest banks statement, certified id copy, certified death certificate.**

**Section 5: Declaration.**

I \_\_\_\_\_ ID No: \_\_\_\_\_ hereby declare that the information given above is true and complete and will not hold the MWR or its Officers liable for any losses that may occur as a result of my errors.

Signature: \_\_\_\_\_ date: \_\_\_\_\_

**Forms and original documents must be posted the address reflected above.**

**Section 6: FOR OFFICE USE ONLY.**

Approved/ Declined by Corporate/ Operations Manager/ Principal Officer:

Reasons: 1. Never a member of the fund 2. Not within prescribed period (2005-2014) 3. Below threshold of R 500. Please indicate by writing 1; 2 or 3. ....

Name: ..... Signature: ..... Date: .....