

## Notification of Termination of Service (To be completed by employer in full)

### 1 PARTICULARS OF FUND

1.1	Name of fund	
1.2	Employer	

### 2 PARTICULARS OF MEMBER

2.1	Fund reference number	2.2	Employee number
2.3	Surname		
2.4	Full names (Mr/Mrs/Miss)		
2.5	Date of birth		
2.6	Identity number (attach copy of ID)		
2.7	Postal address	Postcode	

### 3 INCOME TAX DETAILS

3.1	Member's income tax reference number
	Revenue office
	If the member is a SITE taxpayer and if income tax is to be deducted from the member's benefit in accordance with standard tables issued from time to time by the South African Revenue services, the following information must be provided:
3.2	Member's total taxable earnings for the current tax year to date of withdrawal
3.3	Member's total taxable earnings for the immediately preceding tax year
3.4	Commencement date of member's employment
3.5	Are you aware of any stop order or other request issued by the revenue authorities to recover arrear or unpaid income tax from this employer?
<b>NB: The employer will be liable for the payment of any employee's income tax that is underpaid as a result of incorrect information furnished in this section</b>	

### 4 PARTICULARS ON TERMINATION OF SERVICE

4.1	Last day in employer's service			
4.2	Date of last contribution to the fund			
4.3	Total contribution by member from previous fund anniversary to date of termination of service	R		
4.4	Total contributions by member for the fund year preceding the last fund anniversary (if not yet supplied to the administrator)	R		
4.5	Contribution for final month of membership	R		
4.6	Present annual pensionable salary	R		
4.7	Reason for termination of service	Voluntary resignation	Retrenchment	Other (specify)

### 5 INSTRUCTIONS FROM EMPLOYER

5.1	Payment of benefit must be withheld for	months
5.2	The fund/employer has the following preferential claim against the member's benefit in the amount of	R
<input type="checkbox"/>	Housing loan	
<input type="checkbox"/>	Fraud/Dishonesty/Misconduct (Please attach a copy of the member's written admission of liability or court order)	

Company stamp

**NB:** No benefit will be paid unless the reverse side of the form has also been completed.

Capacity

Signature \_\_\_\_\_  
(on behalf of employer)

Date | D | D | M | M | C | C | Y | Y |

## Member's Instruction on Termination of Service

No benefit will be paid before this instruction is in the administrator's possession.

### 1 PARTICULARS OF FUND

1.1	Name of fund	
1.2	Employer	

### 2 PARTICULARS OF MEMBER

2.1	Full names		
2.2	Fund reference number	2.3	Identity number (attach copy of ID)
2.4	Date of birth		
2.5	Postal address	Postcode	

### 3 INSTRUCTIONS

You have the right to choose any benefit to which you are entitled in terms of the rules of the fund. You are advised to refer to your copy of the summary of the fund rules before you complete this instruction. The benefits and options available to you as well as the income tax provisions applicable to these options are explained in the summary.

If your summary of the fund rules is not available you are welcome to phone your fund's contact person at Absa Consultants and Actuaries to get the information you want.

Please indicate the option selected with an X:

3.1	Benefit selected	Full refund	Portion refund and portion transfer	Full preservation/transfer
3.2	If a preservation/transfer benefit is selected, please provide details (Please note that your current employer must be registered with the specific preservation fund you choose.)			
3.3	Conversion of group life cover to an individual policy required		YES	NO
3.4	Please provide your telephone number in case we need to contact you urgently			
3.5	Is there a divorce order?		YES	NO

### 4 AUTHORISATION TO PAY BENEFIT AND INDEMNITY

For security reasons the pension benefit will be deposited directly into a Bank account, if you select a full or partial refund.

Name of bank	
Branch	Branch code
Type of account (savings/cheque)	Account number
Name of account holder	

The following authorisation and indemnity must be completed if the benefit is to be paid by cheque:

I, \_\_\_\_\_ (full names)  
 request the fund to pay the benefits that are payable to me by the fund by cheque, which cheque may be posted to me by ordinary mail at my own risk at the address specified in 2.5 above. The Post Office will be my agent to deliver the cheque to me and I hereby indemnify the fund and/or Absa Consultants and Actuaries (Pty) Ltd against any losses whatsoever that I may incur as a result of the aforesaid.

Member's signature	Date	D	D	M	M	C	C	Y	Y
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