ELC PENSION FUND
ESTABLISHED BY UNITED EVANGELICAL LUTHERAN CHURCH IN SOUTHERN AFRICA

28 Varley Rd, Hayfields, 3201
Tel: 033-346 1034 Fax: 086 658 7804
Fund Registration Number: 12/8/12121/2
Defined Contribution Pension Fund
Postal Address: P.O. Box 101003, Scottsville, 3209
Email : ilene@elcpensionfund.co.za or ursula@elcpensionfund.co.za

CERTIFICATE OF EXISTENCE

MEMBER PENSION NUMBER:	
Title:	
Full Name:	
Identity / Passport Number:	
Date of Birth:	
Spouse's Full Name: (if applicable)	
Spouse's ID / Passport Number: (if applicable)	
Spouse Contact No: (if applicable)	

CONTACT DETAILS	
Telephone Number:	
Cell phone Number:	
Email Address:	
Postal Address:	
Preferred method for correspondence: (please tick)	**Email:** ☐ **Post:** ☐

CONTACT DETAILS OF NEXT-OF-KIN	
Full Name:	
Relationship to Pensioner:	
Contact Number:	

I, the undersigned pensioner, do hereby declare that I am the legal recipient of a pension from the ELC Pension Fund, in terms of the Fund's Rules. I declare that the above information is true and correct and that I appeared before the undersigned Commissioner of Oaths and, having produced my identity document, signed this affidavit.

_____
Signature/ Thumb print of Pensioner

I certify that the abovementioned pensioner signed this affidavit in my presence, having produced his/her identity document, at _____ on this _____ day of _____ 20____ and that he/she acknowledged that he/she knows and understands the contents of this affidavit and that the contents of this affidavit are true and correct.

_____
Signature of Commissioner of Oaths

Name: _____

Contact No: _____

Capacity: _____

_____
Official stamp

This form must be returned to the ELC Pension Fund via email, fax or post:

Email: *ilene@elcpensionfund.co.za or ursula@ elcpensionfund.co.za*

Fax: *033-346-1359*

Post: *P.O. Box 101003, Scottsville, 3209*

NB: Payment of pension will be suspended (will not be paid) if this form is not returned in time.