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

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RETIREMENT WITHDRAWAL FORM

MEMBER'S DETAILS

FUND MEMBERSHIP NUMBER _____ **TITLE:** ☐ REV ☐ DR ☐ MR ☐ MRS ☐ MISS

SURNAME _____ **FIRST NAMES** _____

ID/PASSPORT NUMBER _____ **DATE OF BIRTH** _____

INCOME TAX REFERENCE NUMBER _____ **COUNTRY OF ISSUE** *(if applicable)* _____

PRIMARY CONTACT NUMBER _____

FUTURE POSTAL ADDRESS _____

_____

EMAIL ADDRESS _____

NAME OF EMPLOYER _____

DATE OF RETIREMENT : **31 JANUARY / 28 FEBRUARY / 31 MARCH / 30 APRIL / 31 MAY / 30 JUNE / 31 JULY /**
(Please circle)
31 AUGUST / 30 SEPTEMBER / 31 OCTOBER / 30 NOVEMBER / 31 DECEMBER

RETIREMENT OPTIONS (tick as appropriate):

VESTED PORTION (That part of your share not governed by the new Two-Pot System Rules)

☐ **COMMUTE FULL BENEFIT FOR CASH** (if below the relevant legislative limit)

☐ **COMMUTE A PORTION OF MY BENEFIT FOR CASH** (maximum 1/3 of benefit) Specify amount or percentage: _____

☐ **USE THIS ENTIRE PORTION TO PURCHASE MY PENSION**

SAVINGS PORTION (That part of your share that will not have to be preserved until retirement)

☐ **COMMUTE FULL BENEFIT FOR CASH**

☐ **USE THIS PORTION TO PURCHASE MY PENSION**

RETIREMENT PORTION (That part of your share that will have to be preserved until retirement)

☐ **COMMUTE FULL BENEFIT FOR CASH** (***NB: only allowed if Vested, Savings and Retirement portions are below the relevant legislative limit, otherwise this portion has to be used to purchase your pension)***

ANY OTHER INSTRUCTIONS

SPOUSE'S DETAILS *(Please attach copy of spouse's ID document)*

SURNAME **FIRST NAMES**

TITLE: ☐ REV ☐ DR ☐ MR ☐ MRS ☐ MISS **ID/PASSPORT NUMBER**

COUNTRY OF ISSUE *(if applicable)* **DATE OF BIRTH**

INCOME TAX REFERENCE NUMBER

PRIMARY CONTACT NUMBER

EMAIL ADDRESS

NEXT-OF-KIN DETAILS

SURNAME **FIRST NAMES**

ID/PASSPORT NUMBER **COUNTRY OF ISSUE** *(if applicable)*

DATE OF BIRTH **RELATIONSHIP TO MEMBER**

PRIMARY CONTACT NUMBER

EMAIL ADDRESS

MEMBER'S BANKING DETAILS **(Please attach proof of banking details)**

ACCOUNT HOLDER **ACCOUNT NUMBER**

BRANCH NAME **BRANCH CODE**

NAME OF BANK **TYPE OF ACCOUNT**

EMPLOYER DETAILS

NAME OF EMPLOYER

EMPLOYER PAYE NO **TELEPHONE NO**

EMPLOYER PHYSICAL ADDRESS

POSTAL CODE

EMPLOYER POSTAL ADDRESS

POSTAL CODE

DECLARATION

MEMBER

I hereby confirm that:

- Payment of my benefit specified herein represents the full and final discharge of the Fund's liability to me;
- The details provided herein, in particular my banking details, are true and correct;
- I have received the information document called "Options on Leaving the ELC Pension Fund" and I understand the options available to me with regard to the payment of my benefits, including the inherent tax implications and that I am making an informed decision;
- In the event of any loss suffered as a result of any details provided herein being incorrect, the ELC Pension Fund cannot be held liable for such losses.
- I authorise that the Fund may use the information provided by myself for purposes relevant to the administration of my benefits in terms of the Fund rules and applicable legislation;
- I have attached the following documents to this application:

  - ☐ A copy of my ID document or passport
  - ☐ A copy of my ID document or passport
  - ☐ Proof of my banking details

SIGNATURE OF MEMBER **DATE**

EMPLOYER

It is hereby confirmed and warranted that the information contained herein is correct and, in particular, that the beneficiary's banking details provided above, have been confirmed as correct. In the event of any loss suffered as a result of any details provided by the Employer being incorrect, the Employer cannot hold the Fund liable for such losses.

FULL NAME OF AUTHORISED OFFICIAL OF THE EMPLOYER

SIGNATURE OF AUTHORISED OFFICIAL OF THE EMPLOYER

DATE

NOTES

- The Fund requires the following documents on retirement along with the Retirement Withdrawal Form:
  - A certified copy of the Member's ID document
  - A certified copy of the Member's Spouse's ID document
  - Proof of Bank account details of Member

- The form must contain all the required information. No incomplete forms will be accepted.