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

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SAVINGS POT WITHDRAWAL FORM

PERSONAL DETAILS *(Please attach a copy of your ID document)*

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

SURNAME | **FIRST NAMES**

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

DATE OF BIRTH | **INCOME TAX REFERENCE NUMBER**

PRIMARY CONTACT NUMBER | **ALTERNATE CONTACT NUMBER**

RESIDENTIAL ADDRESS

POSTAL CODE

POSTAL ADDRESS

EMAIL ADDRESS

WITHDRAWAL INSTRUCTIONS *(Please attach proof of banking details from your bank)*

I would like to make a withdrawal of the amount specified below from my Savings Pot and have it paid into the account specified below:

MONTH END OF WITHDRAWAL: (Please circle)
31 JANUARY / 28 FEBRUARY / 31 MARCH / 30 APRIL / 31 MAY / 30 JUNE / 31 JULY / 31 AUGUST / 30 SEPTEMBER / 31 OCTOBER / 30 NOVEMBER / 31 DECEMBER

WITHDRAWAL AMOUNT R **(Please note that this amount cannot be less than R2000)**

ACCOUNT HOLDERS NAME

ACCOUNT NUMBER | **BANK NAME**

BRANCH NAME | **BRANCH CODE**

DECLARATION

I hereby confirm that:

- I understand that I may only make 1 withdrawal from my savings account per tax year of not less than R2000;

- I understand that I will be charged an admin fee for making a withdrawal;
- I understand that SARS will deduct any amount I owe them from my cash withdrawal;
- I understand the inherent tax implications and that I am making an informed decision;
- I am aware that I can contact the Fund offices for more information, if necessary;
- 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;
- 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.
- The details provided herein, in particular my banking details, are true and correct;
- I have attached the following documents to this application:

  ☐ A copy of my ID document or passport

  ☐ Proof of my banking details

SIGNATURE OF MEMBER | | **DATE** |

NOTES: * Residential and Postal addresses are required by SARS.

* Payment will only be made once the tax directive has been received from SARS.

* Processing of a withdrawal takes between 2 and 4 weeks from date of withdrawal.

* ***Proof of banking details and identity document MUST accompany this*** **form. Failure to provide all the information may result in delays in settlement of your claim.**