ELC PENSION FUND

ESTABLISHED BY UNITED EVANGELICAL LUTHERAN CHURCH IN SOUTHERN AFRICA

Postal Address: P.O. Box 101003, Scottsville, 3209
Physical Address: 28 Varley Rd, Hayfields, 3201
Email: ilene@elcpensionfund.co.za / ursula@elcpensionfund.co.za
Tel: 033 346 1034
Fax: 086 658 7804

DISABILITY WITHDRAWAL FORM

MEMBER'S DETAILS *(Please attach copy of member's 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** _____

FUTURE RESIDENTIAL ADDRESS: _____

_____

_____ **POSTAL CODE:** _____

FUTURE POSTAL ADDRESS: _____

_____

_____ **POSTAL CODE:** _____

HOME TEL NUMBER: _____ **CELL PHONE NUMBER:** _____

EMAIL ADDRESS: _____

NAME OF EMPLOYER: _____

DATE OF DISABILITY (must be the last day of the month)**:** _____

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

FULL NAME: _____

ID/PASSPORT NO: _____ **COUNTRY OF ISSUE** (if applicable) _____

DATE OF BIRTH: _____ **INCOME TAX REFERENCE NUMBER:** _____

CELL PHONE NUMBER _____ **EMAIL ADDRESS** _____

DETAILS OF NEXT-OF-KIN

NAME: _____ **RELATIONSHIP TO MEMBER:** _____

RESIDENTIAL ADDRESS: _____

_____ **POSTAL CODE:** _____

POSTAL ADDRESS: _____

_____ **POSTAL CODE:** _____

HOME TEL NUMBER: _____ **CELL PHONE NUMBER:** _____

EMAIL ADDRESS: _____

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

NAME OF BANK _____ **ACCOUNT HOLDER** _____

BRANCH NAME _____ **BRANCH CODE** _____

TYPE OF ACCOUNT _____ **ACCOUNT NUMBER** _____

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 spouse's 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 Disability 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
* Completed Sanlam Claim Form and accompanying documents.
* The form must contain all the required information. No incomplete forms will be accepted.