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

MEMBERSHIP WITHDRAWAL FORM

(TO BE COMPLETED AND SUBMITTED BY THE MEMBER SHOULD THEY WISH TO WITHDRAW FROM THE ELC PENSION FUND)

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 _____ **(compulsory – the form won't be accepted without this)**

PRIMARY CONTACT NUMBER _____ **ALTERNATE CONTACT NUMBER** _____

RESIDENTIAL ADDRESS _____

_____

POSTAL ADDRESS _____

EMAIL ADDRESS _____

BENEFIT WITHDRAWAL INSTRUCTIONS

(1) MONTH END OF WITHDRAWAL : **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

(2) WITHDRAWAL OPTION :

I have chosen to withdraw my benefit in the following manner (Please tick and provide necessary details) :

☐ **TRANSFER MY BENEFIT TO ANOTHER FUND:**

DETAILS OF FUND TO WHICH MONEY IS TO BE TRANSFERRED:

NAME OF FUND TO WHICH THE MONEY IS TO BE TRANSFERRED: _____

TYPE OF FUND TO WHICH THE MONEY IS TO BE TRANSFERRED: _____

CONTACT PERSON OF TRANSFEREE FUND: _____

CONTACT NUMBER FOR TRANSFEREE FUND: _____

☐ **PAY FULL BENEFIT INTO MY OWN BANK ACCOUNT AS SPECIFIED BELOW.**

I realise that I will pay tax on this cash payment and that I will have to start saving for my retirement all over again, resulting in a much lower retirement income.

MY BANKING DETAILS (Please attach proof of banking details)

NAME OF BANK _____ **ACCOUNT HOLDER** _____

BRANCH NAME _____ **BRANCH CODE** _____

TYPE OF ACCOUNT _____ **ACCOUNT NUMBER** _____

ANY OTHER INSTRUCTIONS: _____

_____

_____

DECLARATION

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 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;
- 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.
- 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.
* Members over 65 years of age may only retire from the Fund.
* The form must contain all the required information. No incomplete forms will be accepted.
* Payment will only be made once the tax directive has been received from SARS.
* Processing of a withdrawal takes between 4 and 6 weeks from date of withdrawal.