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

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NOTIFICATION OF WITHDRAWAL FORM

(TO BE COMPLETED AND SUBMITTED BY THE EMPLOYER WHEN AN EMPLOYEE LEAVES THEIR EMPLOY)

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 _____ **PRIMARY CONTACT NUMBER** _____

FUTURE POSTAL ADDRESS _____

_____

EMAIL ADDRESS _____

NAME OF EMPLOYER _____

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

REASON FOR WITHDRAWAL: ☐ **RESIGNATION** ☐ **RETRENCHMENT** ☐ **DISSMISSAL** ☐ **ABSCONDED**
☐ **TRANSFER BETWEEN PARTICIPATING EMPLOYERS** ☐ **DEATH**

OTHER _____

DECLARATION

It is hereby confirmed and warranted that:

- The information contained herein is true and correct.
- We have informed the employee of their option to withdraw their retirement savings and have provided them with the necessary forms or instructions in order to do so.
- 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**