ELC PENSION FUND

ESTABLISHED BY UNITED EVANGELICAL LUTHERAN CHURCH IN SOUTHERN AFRICA

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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** _____

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

RESIDENTIAL ADDRESS _____

_____ **POSTAL CODE** _____

POSTAL ADDRESS _____

EMAIL ADDRESS _____

BENEFIT WITHDRAWAL INSTRUCTIONS

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**

WITHDRAWAL OPTIONS

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

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

Transfer my benefit to another approved fund ☐ (Complete the transfer section below)

Transfer part of my benefit and take part in cash ☐ (Complete both transfer and benefit in cash section)

Full benefit to be paid in cash ☐ (Complete the benefit in cash section below)

Preserve my entire benefit in the Fund ☐

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

Transfer my benefit to another approved fund ☐ (Complete the transfer section below)

Full benefit to be paid in cash ☐ (Complete the benefit in cash section below)

(only allowed if no withdrawal yet taken in the current tax year or if this portion is less than R2000)

Preserve my entire benefit in the Fund ☐

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

Transfer my benefit to another approved fund ☐ (Complete the transfer section below)

Preserve my entire benefit in the Fund ☐

BENEFIT PAYMENT INSTRUCTIONS

TRANSFER SECTION

If your benefit is to be transferred to another approved Fund, complete this section. Failure to complete all the information may result in delays in settlement of your claim.

Name of Fund to which the money is to be transferred

Type of Fund to which the money is to be transferred

Contact email for the new Fund

Policy Number for new Fund

BENEFIT IN CASH SECTION

If any portion of your benefit is to be paid to you in cash, please complete this section. ***Proof of banking details MUST accompany this*** form. Failure to provide all the information may result in delays in settlement of your claim.

Specify pre-tax amount to be taken as cash R

Account holders name

Account Number

Bank name

Branch Name

Branch Code

FURTHER 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 2 and 4 weeks from date of withdrawal.