ELC PENSION FUND

ESTABLISHED BY UNITED EVANGELICAL LUTHERAN CHURCH IN SOUTHERN AFRICA

P.O. Box 101003, Scottsville, 3209

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Physical Address: 5 Connaught Rd, Scottsville, 3201

WITHDRAWAL FORM

MEMBER'S DETAILS

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

SURNAME _____ **FIRST NAMES** _____

ID/PASSPORT NUMBER _____ **INCOME TAX REFERENCE NUMBER** _____

FUTURE RESIDENTIAL ADDRESS _____

_____ **POSTAL CODE** _____

FUTURE 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** _____

EMPLOYER DETAILS

NAME OF EMPLOYER _____

DATE OF WITHDRAWAL FROM SERVICE _____

REASON FOR WITHDRAWAL: ☐ RETIREMENT ☐ RESIGNATION ☐ RETRENCHMENT ☐ DISSMISSAL

BENEFIT OPTIONS

FOR RESIGNATION / DISMISSAL / RETRENCHMENT:

☐ PAY FULL BENEFIT INTO MY OWN BANK ACCOUNT AS SPECIFIED ABOVE

☐ TRANSFER BENEFIT: ☐ FULL BENEFIT ☐ PORTION OF BENEFIT

Specify amount or percentage: _____

NAME OF FUND _____

TYPE OF FUND _____

CONTACT DETAILS _____

☐ DEFER MEMBER: ☐ FULL BENEFIT ☐ PORTION OF BENEFIT

Specify amount or percentage: ☐

FOR RETIREMENT:

☐ COMMUTE FULL BENEFIT FOR CASH (if below the relevant legislative limit)

☐ COMMUTE A PORTION OF MY BENEFIT FOR CASH (maximum 1/3 of benefit)

Specify amount or percentage: ☐

☐ TAKE A FULL PENSION FROM THE FUND WITH NO COMMUTATION FOR CASH

ANY OTHER INSTRUCTIONS: _____

_____

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 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.

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 _____ EMPLOYER STAMP

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 on receipt of a tax directive, issued by SARS.