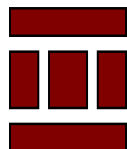


PLEASE TICK



RELEVANT FUND



METAL INDUSTRIES HOUSE
42 ANDERSON STREET
JOHANNESBURG
2001

P.O. BOX 7507
JOHANNESBURG 2000
CALL CENTRE NO 0860102544
Fax: (011) 870-2389/90 Engineering
Fax: (011) 870-2394 Provident
Website: <http://www.mibfa.co.za>

APPLICATION FOR PAYMENT OF BENEFITS ON RESIGNATION, RETRENCHMENT OR RETIREMENT

NOTE TO EMPLOYER:

If this form is completed with the assistance of the Employer (HR/Wages Department), please insert contact details:

NAME:

TELEPHONE NUMBER:

FAX:

E-MAIL ADDRESS:

Full Names

Postal Address

Postal Code

Fax No:

Tel No (h)

Tel No (w)

E-mail Address

Cell No:

Date of Birth

DD

MM

YY

Maiden Name

Identity Number

(Certified copy of Identity document must be attached)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Reference Book Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Previous Passport/Identity Numbers

(Certified copies must be attached)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Marital Status - (place cross in block which applies)

(Certified copies of Marriage Certificate or Divorce Order must be attached)

MARRIED

SINGLE

WIDOWED

DIVORCED

Name of last employer in Metal Industries

Final date of employment in Metal Industries

DD

MM

YY

Reason for termination

Name of present Employer

Income Tax Reference No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Revenue Office to which last Tax Return rendered

FOR COMPLETION BY MEMBERS OF THE ENGINEERING INDUSTRIES PENSION FUND WHO ARE 55 YEARS AND OLDER

One-third lump sum plus reduced monthly pension

☐

INDICATE YOUR OPTION OF PENSION:

OR

Full monthly pension

☐

LIST ALL DEPENDANTS

NAME IN FULL	ADDRESS AND POSTAL CODE	AGE	RELATIONSHIP

If this space is insufficient
please attach an additional list

I declare that all the information given on this form is true.

NB. All alterations to be signed
in full by member

DATE

DD

MM

YY

Signature or mark of applicant

MANDATE FOR PAYMENT OF BENEFIT TO BANK

ALL ALTERATIONS MUST BE SIGNED BY APPLICANT AND BANK OFFICIAL

CHEQUE ACCOUNT HOLDERS MAY ATTACH A SIGNED CANCELLED CHEQUE OR CASHED CHEQUE AS BANK CONFIRMATION

A. APPLICANT'S BANK DETAILS :

- (1) Surname of Applicant (Payee)
- (2) Maiden Name
- (3) First name of Applicant (Payee)
- (4) Identity Number
- Identity Document to be produced

B. DETAILS OF ACCOUNT - N.B To be verified by Bank official as correct and active/current and belonging to the applicant as listed on page 1.

- (1) Name of Bank
- (2) Address of Bank
- Postal Code
- (3) Name of Branch
- (4) *Branch Code
- * Code at place where account is kept will be supplied by Bank.
- (5) Account Number
- (6) Type of Account
- (7) Date account opened

.....
**SIGNATURE OF
ACCOUNT HOLDER**
(Must be the same signature
as the applicant's on page 1)

.....
DATE

.....
**FULL NAMES
OF BANK OFFICIAL**

**SIGNATURE OF OFFICIAL
AND STAMP OF BANK**

CERTIFICATE OF SERVICE

(State name and address of employer.
To be imprinted with Firm's rubber stamp.)

Company Ref No:

This is to certify that the particulars as mentioned hereunder are a true record of the employment by this Company of:

Employee name (in full):

Identity No: Works/Company No:

Occupation:

Period of employment as contributor to Fund: From to

Period of employment on Company's domestic Fund: From to

Reason for termination of employment:

Please tick

☒

Retirement
(55 years and older)

☐

Medical
Incapacitation

☐

Retrenchment /
Redundancy

☐

Resignation/
Dismissal

☐

Contract
Expired

☐

Absconded

☐

Death

☐

"Remuneration" at date of termination of employment

WEEKLY PAID EMPLOYEE

R..... per week

MONTHLY PAID EMPLOYEE

R..... per month

Breakdown of the contributions for final month of employment plus any outstanding leave pay, would be appreciated.

Shifts worked and contributions paid for the last three months worked prior to the member's date of discharge	OPEN DATE	CLOSE DATE	SHIFTS WORKED

It is hereby acknowledged that the Employer will be held liable for any loss incurred by the Fund in consequence of a false declaration of Retrenchment/Redundancy.

.....
FOR AND ON BEHALF OF EMPLOYER

DESIGNATION :

NAME:

TELEPHONE NO.:

DATE :

TO BE COMPLETED BY THE EMPLOYER
IN RESPECT OF A RETIREMENT CLAIM ONLY

(FOR INCOME TAX PURPOSES)

PENSION AND PROVIDENT FUNDS - FORM 'D'

Name of Employer : _____

Address of Employer : _____

1. Employee's Surname : _____

Employee's First Names : _____

Employee's Identity no. : _____

Employee's Tax no. : _____

2. Highest average salary actually earned by the taxpayer during any five consecutive years in the service of the employer during his membership of the Fund.

<u>Year</u>		<u>Salary</u>
20_____	-----	R _____ p.a.
20_____	-----	R _____ p.a.
20_____	-----	R _____ p.a.
20_____	-----	R _____ p.a.
20_____	-----	R _____ p.a.
Total		R _____

Average for the 5 years or lesser period if employee
employed for lesser period

R _____

Certified correct to the best of my knowledge and belief.

Date

Manager / Secretary