



METAL INDUSTRIES HOUSE
42 ANDERSON STREET
JOHANNESBURG
2001

Version 1

PLEASE TICK RELEVANT FUND

P.O. BOX

7507

JOHANNESBURG, 2000

TEL NO. (011) 870-2000

CALL CENTRE NO 0860102544

Website: <http://www.mibfa.co.za>EMAIL: Mailroom@mibfa.co.za

**APPLICATION FOR PAYMENT OF BENEFITS ON
RESIGNATION, RETRENCHMENT OR RETIREMENT (INCLUSIVE OF 2POT SAVINGS AVAILABLE)**

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:

NAME OF LAST EMPLOYER:

ABOUT YOU: Please complete all the information in this section.

Personal and contact details

Surname:

First Names:

Maiden Name:

Marital Status: MARRIED SINGLE WIDOWED DIVORCED

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Residential Address

Unit Number: Complex:

Street Number: Street or Farm Name:

Suburb: City or Town:

Country: Postal Code:

Is the Postal Address the same as residential address

Yes

No

Postal Address: Complete if different from residential address

P O Box: Suburb:

City or Town: Postal Code:

Contact Details

Cell: Home: Work:

Email Address:

Member Income Tax Number:

PAYMENT INSTRUCTIONS (NOTE THAT WE DO NOT PAY INTO THIRD-PARTY ACCOUNTS) Please make sure that the bank account details are for your own account and matches the details as per your bank statement.

Account Holder's Full Names:

Name of Bank:

Account Number:

Branch Code:

|| | | | | |

Type of Account: Current Savings Other

If you do not complete the correct information about banking details, there might be a delay in making payment.

OPTION TO TRANSFER FROM THE MIPF FUND TO EIPF FUND TO PURCHASE A PENSION ON RETIREMENT **YES** **NO**

**FOR COMPLETION BY MEMBERS OF THE ENGINEERING INDUSTRIES PENSION FUND WHO ARE 55 YEARS AND OLDER:
INDICATE YOUR OPTION FOR PENSION:**

One-third lump sum plus reduced monthly 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.

OPTION TO TRANSFER TO AN ANNUITY OF YOUR CHOICE **YES** **NO**

(MEMBERS WISHING TO TRANSFER THEIR BENEFITS TO AN ANNUITY SHOULD SEEK ADVICE FROM THEIR FINANCIAL ADVISOR / BROKER).

NB: All alterations to be signed in full by member.

CONSENT: I agree that the Metal Industries Benefit Funds Administrators (MIBFA) may collect, use, disclose and otherwise process my personal information, as contained in this application form or as otherwise collected through my participation in either the Engineering Industries Pension Fund or the Metal Industries Provident Fund, for the specific purpose of processing payment of, and an application for payment of benefits. By completing and signing this application form, I further agree that MIBFA may take steps to verify specific personal information relating to me and, for this purpose, may obtain my personal information from, or verify my personal information with, amongst others, previous employers, banking institutions, the South African Revenue Service, and medical professionals.

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

MEMBER SIGNATURE:

Date:

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DOCUMENTS YOU MUST ATTACH TO THIS FORM

You must attach clear, legible copies of the following documents to this form.

- Clear, legible copy of your **identity document/s, and/or passport, and/or both sides of your identity card.**
- **Bank confirmation letter (or current bank statement) into which your salary is/was being paid.**
- Divorce and/or Maintenance Court Orders and Annexures (*if applicable*).

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 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.

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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 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>
_____	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