



PLEASE TICK RELEVANT FUND

Input box for relevant fund

METAL INDUSTRIES HOUSE
42 ANDERSON STREET
JOHANNESBURG
2001

P.O. BOX 7507
JOHANNESBURG, 2000
CALL CENTRE NO 0860102544
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: [Input box]

TELEPHONE NUMBER: [Input box]

FAX: [Input box]

E-MAIL ADDRESS: [Input box]

* Surname First names Initials

* Residential Address:

* Postal Address:

Unit No: [Input box]

Complex: [Input box]

Street No: [Input box]

P O Box: [Input box]

Suburb / District: [Input box]

Suburb / District: [Input box]

City / Town: [Input box]

City / Town: [Input box]

Country: [Input box]

Country: [Input box]

Postal Code: [Input box]

Postal Code: [Input box]

Home Telephone No: [Input box]

Cell No: [Input box]

Works Telephone No: [Input box]

E-mail Address: [Input box]

Identity Number
(Certified copy of Identity document must be attached)

Reference Book Number

Previous Passport/Identity Numbers
(Certified copies must be attached)

Country of origin / issue: [Input box]

Marital Status - (place cross in block which applies)
(Certified copies of Marriage Certificate or Divorce Order, Annexure must be attached)

MARRIED SINGLE WIDOWED DIVORCED

* Final date of employment in Metal Industries

DD MM YY

* Name of current Employer [Input box]

* Income Tax Reference No: [Input box]

[Input box]

Revenue Office to which last Tax Return rendered [Input box]

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).

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

INDICATE YOUR OPTION OF PENSION:

One-third lump sum plus reduced monthly pension

Input box

OR

Full monthly pension

Input box

LIST ALL DEPENDANTS

Table with columns: 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

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.

* compulsory fields to be completed

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

NB: ACCOUNT HOLDERS MUST ATTACH A CURRENT BANK STATEMENT WITH BANK STAMP IMPRINTED THEREON.

*** A. APPLICANT'S BANK DETAILS:**

(1)	Surname of Applicant (Payee)	<input type="text"/>
(2)	Maiden Name	<input type="text"/>
(3)	First name of Applicant (Payee)	<input type="text"/>
(4)	Identity Number	<input type="text"/>

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	<input type="text"/>			
(2)	Address of Bank	<input type="text"/> <input type="text"/> <input type="text"/>			
		Postal Code <input type="text"/>			
(3)	Name of Branch	<input type="text"/>			
(4)	*Branch Code	<input type="text"/>			
	* Code at place where account is kept will be supplied by Bank.				
(5)	Account Number	<input type="text"/>			
(6)	Type of Account	<input type="text"/>			
(7)	Date account opened	<table border="1" style="display: inline-table;"><tr><td style="width: 30px; text-align: center;">DD</td><td style="width: 30px; text-align: center;">MM</td><td style="width: 30px; text-align: center;">YY</td></tr></table>	DD	MM	YY
DD	MM	YY			

<p style="text-align: center;">..... SIGNATURE OF ACCOUNT HOLDER * Must be the same signature as the applicant's on page 1)</p> <p style="text-align: center;">..... DATE</p>	<p style="text-align: center;">..... FULL NAMES OF BANK OFFICIAL</p> <div style="border: 1px solid black; height: 100px; margin: 10px auto;"></div> <p style="text-align: center;">SIGNATURE OF OFFICIAL AND STAMP OF BANK</p>
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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)
- Resignation/Dismissal
- Death

- Medical Incapacitation
- Contract Expired

- Retrenchment / Redundancy
- Absconded

"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.

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

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