



Private Bag X11  
Marshalltown, 2107 /  
42 Anderson Street,  
Johannesburg, 2000  
Call Centre No: 086 150 4455  
Fax No: (011) 688-3094  
Website: www.mibfa.co.za

## APPLICATION FOR PAYMENT OF SURPLUS BENEFITS

**First Names**

**Surname**

**Address**

**Postal Code**

**Tel No. (H)**  **Cell No.**  **Tel No. (W)**  **Fax No.**

**Date of Birth**

DD	MM	YY
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**Maiden Name**

**Identity Number**  
(Certified copy of Identity Document must be attached)

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**Old Reference Book No.**

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

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**Name of last employer in Metal Industries**

**Date of leaving the last Employer**

DD	MM	YY
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**Date of payment of benefit from Metal Industries (approximate)**

DD	MM	YY
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**Name of CURRENT Employer**

**Date**

DD	MM	YY
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**SIGNATURE OR MARK OF APPLICANT**

**PLEASE NOTE: Copies of the following documents would assist in speeding up the processing of your application:**

- Annual benefit statement you received from the Funds
- Correspondence relating to any previous benefit payment received from the Funds.

**Once the Surplus Scheme has been approved by the Financial Services Board, MIBFA will require you to supply a certified Bank Mandate form obtained from your Bank in order to pay any benefit due to you.**