



PLEASE TICK RELEVANT FUND

METAL INDUSTRIES HOUSE
42 ANDERSON STREET
JOHANNESBURG
2001

P.O. BOX 7507
JOHANNESBURG, 2000
TEL NO. (011) 870-2000
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:

TELEPHONE NUMBER:

FAX :

E-MAIL ADDRESS:

\* Surname First names Initials

\* Residential Address:

\* Postal Address:

Unit No:

Complex:

Street No:

P O Box:

Suburb / District:

Suburb / District:

City / Town:

City / Town:

Country:

Country:

Postal Code:

Postal Code:

Home Telephone No:

Cell No:

Works Telephone No:

E-mail Address:

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

Grid for Identity Number

Reference Book Number

Grid for Reference Book Number

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

Grid for Previous Passport/Identity Numbers

Country of origin / issue:

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

\* Income Tax Reference No:

Grid for Income Tax Reference No

Revenue Office to which last Tax Return rendered

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 OR Full monthly pension

Table with 4 columns: NAME IN FULL, ADDRESS AND POSTAL CODE, AGE, RELATIONSHIP. Header: LIST ALL DEPENDANTS

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

NO ALTERATIONS OR TIPPEX WILL BE ACCEPTED

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

**\* 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

DD

MM

YY

.....  
**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)
- Resignation/Dismissal
- Death

- Medical Incapacitation
- Contract Expired

- Retrenchment / Redundancy
- Absconded

**"Remuneration" at date of termination of employment**

<b>WEEKLY PAID EMPLOYEE</b>
R..... per week

<b>MONTHLY PAID EMPLOYEE</b>
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
<b>Shifts worked and contributions paid for the last three months worked prior to the member's date of discharge</b>			

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