



## MOTOR INDUSTRY FUND ADMINISTRATORS

Notes to assist the completion of the application form.

### REFUND OF CONTRIBUTIONS

Pages 1 and 2 must be **completed by the Member**

Page 2 must be **completed by the Member and the member's Bank**

Page 3 must be **completed by the Employer**

Supporting documentation needed.

**A copy of the member's Identity Book**

**A copy of the Divorce Order if applicable**

**A cancelled cheque, bank statement and or bank enquiry giving the member's banking account details**

### RETIREMENT - EARLY AND NORMAL

Pages 1 and 2 must be **completed by the Member**

Page 2 must be **completed by the Member and the member's Bank**

Pages 3 and 5 must be **completed by the Employer**

Supporting documentation needed.

**A copy of the member's Identity Book**

**A copy of the Divorce Order if applicable**

**A cancelled cheque, bank statement and or bank enquiry giving the member's banking account details**

If the member's benefit is being **TRANSFERRED** to another fund in the above mentioned scenarios the following is applicable in ADDITION to the above mentioned documents:

Page 4 - " RECOGNITION OF TRANSFER BETWEEN APPROVED FUNDS"

**must be completed as follows:**

Section 1 - by the Member - this gives the instruction to transfer the money

Section 2 - by the RECEIVING FUND - this identifies the receiving fund.

Sections 3 and 4 will be completed once payment has been made.



# MOTOR INDUSTRY FUND ADMINISTRATORS

## APPLICATION FOR (mark the relevant box with an X)

AUTOWORKERS PROVIDENT FUND

MOTOR INDUSTRY PROVIDENT FUND

RESIGNATION BENEFIT

TRANSFER - RESIGNATION BENEFIT

RETRENCHMENT BENEFIT

TRANSFER - RETRENCHMENT BENEFIT

RETIREMENT BENEFIT

TRANSFER - RETIREMENT BENEFIT - TRANSFER

**NOTE:** Payments will **ONLY** be effected **ELECTRONICALLY** into the **MEMBER'S OWN BANKING ACCOUNT** and or into **another FUND'S** banking account in the case of Transfers.

**Banking details MUST BE SUPPLIED - See Page 2.**

FOR OFFICE USE ONLY

REGION	FUND	COUNCIL NUMBER																		

Contributions received to last day of employment

YES

NO

ADDITIONAL INFORMATION:

**MEMBER INFORMATION - to be completed by the member**

Surname

Full Names

ID number

Certified copy of Identity Book MUST BE attached

Marital Status    Single     Married     Divorced

Reason for leaving \_\_\_\_\_

Leaving date   
D D M M Y Y Y Y

Home address   
Code

Post address   
Code

Home Tel. No.     Cell no.

Email address

Income tax ref number     Office \_\_\_\_\_

**EMPLOYMENT HISTORY**

From  To   
D D M M Y Y Y Y    D D M M Y Y Y Y

Company \_\_\_\_\_

From  To   
D D M M Y Y Y Y    D D M M Y Y Y Y

Company \_\_\_\_\_

Are you currently employed?     YES     NO    If YES, state the name of the Company

Company \_\_\_\_\_

**BANKING DETAILS**

Banking details **MUST BE SUPPLIED** on a printed bank form.

Member's Council Number

Account Holder Name

Name of Bank

Branch Code

Account Number

Type of Account  Savings  Cheque  Transmission  
 Other \_\_\_\_\_

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Full Names and Surname of Bank Official

\_\_\_\_\_  
Bank Official Signature

BANK STAMP

**MEMBER DECLARATION AND SIGNATURE**

I, the undersigned, hereby certify that the given information is correct in all aspects.

\_\_\_\_\_  
Member's Signature

D D M M Y Y Y Y

**\*\*PLEASE NOTE THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITH THIS APPLICATION**

<input type="checkbox"/>	A certified copy of the member's Identity book
<input type="checkbox"/>	A cancelled cheque, a bank statement or a bank printout with the bank account details
<input type="checkbox"/>	A certified copy of the Divorce Order if applicable
<input type="checkbox"/>	A certified copy of the Retrenchment letter - on a Company Letterhead
<input type="checkbox"/>	Recognition of Transfer - if applicable
<input type="checkbox"/>	Form D completed by the Employer for Retirement claims only
<input type="checkbox"/>	Completed Certificate of service - by the EMPLOYER (See Page 3)

**COMPLETED APPLICATION WITH ALL SUPPORTING DOCUMENTATION MUST BE SENT TO YOUR LOCAL MIBCO OFFICE**

REGION	CONTACT NUMBER
MIBCO Eastern Cape PO BOX 7270 PORT ELIZABETH - 6055	(041) 364-0250
MIBCO Natal PO BOX 17263 CONGELLA - 4013	(031) 205-5465
MIBCO Free State OFS PO BOX 910 BLOEMFONTEIN - 9300	(051) 409-4000

REGION	CONTACT NUMBER
MIBCO - HIGHVELD P O BOX 2578 RANDBURG - 2125	(011) 369-7500
MIBCO NORTHERN REGION P O BOX 2578 RANDBURG - 2125	(011) 369-7500
MIBCO WESTERN CAPE P O BOX 17 BELLVILLE - 7535	(021) 948-6400/05



RECOGNITION OF TRANSFER BETWEEN APPROVED FUNDS

GENERAL

In terms of the Income Tax Act (Ac58 of 1962) lump sum at withdrawal / resignation / liquidation are exempt from lump sum tax:-

- if they arise from an approved pension fund and are transferred to another approved pension fund / retirement annuity fund, or
- if they arise from an approved provident fund and are transferred to another approved pension fund / provident fund / retirement annuity fund.

SECTION 1: PARTICULARS OF MEMBER

Member's Council number: [grid]

Title [ ] Mr. [ ] Mrs. [ ] Ms.

Surname [grid]

Full Names [grid]

Income tax ref number [grid] Office [ ]

I hereby request that a direct transfer of my pension / provident be made to:

Name of receiving fund [ ]

Member's Signature [ ] D D M M Y Y Y Y

SECTION 2: RECOGNITION OF TRANSFER

Policy Number [grid]

That (Name of the Receiving fund) on receipt of the transfer from the Motor Industry Fund Administrators, agrees to apply this transfer towards pension / provident / retirement annuity / single premium annuity for the above member.

Signature [ ] D D M M Y Y Y Y Company Stamp [ ]

SECTION 3: STATEMENT OF BEHALF OF TRANSFERRING FUND

I, the undersigned, declare on behalf of the [ ]

Fund approval number [ ] PAYE number [ ]

- 1 that the transferring fund is an approved pension / provident fund (delete which is not applicable), and
2 that the member enjoyed membership until [ ]

Signed at [ ] on this [ ] day of [ ] Year [ ]

Signature [ ]

SECTION 4: STATEMENT OF BEHALF OF RECEIVING FUND

I, the undersigned, declare on behalf of the [ ]

Fund approval number [ ] PAYE number [ ]

- 1 that the RECEIVING fund is an approved pension / provident fund (delete which is not applicable), and
2 that R [ ] has been received for application under the receiving fund on behalf of the member, and
3 that the transfer was in accordance with the stipulation of the Act as defined in paragraph 1 above.

Signed at [ ] on this [ ] day of [ ] Year [ ]

Signature [ ]

Company Stamp [ ]

