



# MOTOR INDUSTRY FUND ADMINISTRATORS

## APPLICATION FOR NON-MEMBER SPOUSE BENEFITS IN ACCORDANCE WITH A DIVORCE COURT ORDER

FUND (Tick box)

Auto Workers' Provident Fund

Motor Industry Provident Fund

Copartes Pension Fund

**N.B. All requested information MUST be completed.**

### RETIREMENT FUND MEMBER

Surname: \_\_\_\_\_ Initials: \_\_\_\_\_

ID number : \_\_\_\_\_

Income Tax Reference no. : \_\_\_\_\_ SARS Office : \_\_\_\_\_

Postal address : \_\_\_\_\_

\_\_\_\_\_ Code : \_\_\_\_\_

Telephone numbers : Work (\_\_\_\_\_) \_\_\_\_\_ Cell : \_\_\_\_\_

Employer: \_\_\_\_\_

### CLAIMANT

Surname : \_\_\_\_\_

Full names : \_\_\_\_\_

ID number : \_\_\_\_\_

Physical address : \_\_\_\_\_ Code: \_\_\_\_\_

Postal address : \_\_\_\_\_

\_\_\_\_\_ Code : \_\_\_\_\_

Telephone numbers : Work (\_\_\_\_\_) \_\_\_\_\_ Cell : \_\_\_\_\_

Banking details : Bank \_\_\_\_\_

Branch : \_\_\_\_\_ Branch code : \_\_\_\_\_

Type of account : \_\_\_\_\_ Account no. : \_\_\_\_\_

DATE OF DIVORCE : \_\_\_\_\_

TAX NUMBER OF CLAIMANT \_\_\_\_\_ TAX OFFICE \_\_\_\_\_

ANNUAL SALARY \_\_\_\_\_

### The following documentation MUST be attached to this Application:-

- Certified copy of Decree of Divorce & Final Divorce Order
- Certified copy of claimant's identity document
- Certified copy of member's identity document
- Original Bank Statement.
- Marriage certificate.

### Note:

**This Application will not be considered UNLESS this Application is fully completed and all required documentation is attached hereto upon submission.**

\_\_\_\_\_  
CLAIMANT

\_\_\_\_\_  
DATE

### For office use :

Region \_\_\_\_\_

Fund \_\_\_\_\_

Council number \_\_\_\_\_

Fund number \_\_\_\_\_