



MOTOR INDUSTRY FUND ADMINISTRATORS

NOTES TO ASSIST THE COMPLETION OF THE WITHDRAWAL/
RETRENCHMENT AND RETIREMENT BENEFITS FORM

COMPLETED APPLICATION FORMS WITH ALL SUPPORTING DOCUMENTATION MUST BE SUBMITTED VIA YOUR LOCAL MIBCO OFFICE.

REGION	CONTACT NUMBER
EASTERN CAPE, PO BOX 7270, PORT ELIZABETH - 6055	(041) 364-0250
NATAL, PO BOX 17263, CONGELLA - 4013	(031) 205-5465
FREE STATE, PO BOX 910, BLOEMFONTEIN - 9300	(051) 409-4000
HIGHVELD/NORTHERN REGION, PO BOX 2578, RANDBURG - 2125	(011) 369-7500
WESTERN CAPE, PO BOX 17 BELLVILLE, 7535	(021) 948-6400/05

REASONS FOR WITHDRAWAL: mark with an ✓	SECTIONS TO BE COMPLETED: in black ink
Resignation/Retrenchment/Absconded	A, B plus D(1) & D(2) (if applicable)
Retirement	A, B,C plus D(1) & D(2) (if applicable)

Please note: This application cannot be processed unless all information required is provided.
You will note that an identity number is required on each page.

The following documentation is required for ALL above claims

A certified copy of the member's Identity book
A cancelled cheque, a bank statement or a bank enquiry printout with the bank account details, stamped by the bank
A certified copy of the Divorce order (if applicable)
A certified copy of the retrenchment letter - on a Company letterhead (if applicable)



MEMBER BANKING DETAILS

Bank statement or Bank enquiry printout stamped by the bank MUST BE SUPPLIED

Identity Number

Account Holder Name

Name of Bank

Branch Code

Account Number

Type of Account Savings Cheque Transmission
 Other _____

If the bank account holder is not the member, then the following must be completed by the member and the account holder.

I: _____ of identity nr: _____ hereby instruct the Motor Industry Fund Administrators to pay the provident fund benefit due to me into the above given account.

SIGNED BY MEMBER _____

D	D	M	M	Y	Y	Y	Y
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I: _____ of identity nr: _____ (Copy of my Identity Book) state that I have no objection to the Motor Industry Fund Administrators paying the provident fund benefit due to the above mentioned member into my banking account as per details provided above.

SIGNED BY THE ACCOUNT HOLDER _____

D	D	M	M	Y	Y	Y	Y
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MEMBER'S SIGNATURE & DISCHARGE
I hereby confirm that:
Payment of my benefit as specified herein represents the full and final discharge of the Fund's liability to me as set out in the rules of the Fund; the details provided herein, in particular my banking details, are true and correct in every way.
I understand the options available to me with regard to the payment of my benefits, including the inherent tax implications and that I am making an informed choice;
In the event of any loss suffered as a result of any details provided herein being incorrect, neither the Fund nor the administrator can be held liable for such losses.
I understand the rules of the fund and I confirm that I am fully aware of the implications of the options elected above. I agree that the payment in accordance with the payment instructions as provided will represent full and final discharge of the Fund's liability to me.
I am not aware of any current or pending divorce order or other claim against my retirement fund benefit.

MEMBER SIGNATURE _____

D	D	M	M	Y	Y	Y	Y
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SECTION B
CERTIFICATE OF SERVICE - to be completed by the EMPLOYER

This is to certify that the particulars mentioned hereunder are true records of the employment of the employee.

Employee Council number

Employee Surname

Employee Full names

Identity Number

Company name _____

Employee's termination Weekly / Monthly / Annual earnings were R

Termination date reflected on the Monthly Returns to Mibco

Reason for termination of employment _____

Period employed From To

PREVIOUS EMPLOYER

Company name _____

Period employed From To

SIGNED FOR AND ON BEHALF OF THE EMPLOYER

INITIALS AND SURNAME

DESIGNATION

Contact number

DATE

COMPANY STAMP

EMPLOYER SIGNATURE

**SECTION C
SARS FORM D
PENSION AND PROVIDENT FUNDS**

Member's Council number

To be completed by the member's employer in all cases where a Form A is applicable, and submitted by the Trustee/ Administrator / Insurer of the Fund in conjunction with a Form A to SARS.

Name of Employer
 Employer's Address Code

1. Employee's Surname
 Employee's First name
 Identity number

2. Highest average salary actually earned by the taxpayer during any five consecutive years in the service of the employer during his membership to the fund.

YEAR	SALARY
<input type="text"/>	R <input type="text"/>
<input type="text"/>	R <input type="text"/>
<input type="text"/>	R <input type="text"/>
<input type="text"/>	R <input type="text"/>
<input type="text"/>	R <input type="text"/>
<input type="text"/>	R <input type="text"/>
<input type="text"/>	R <input type="text"/>

Total R

Average for 5 years or lesser period if employee was employed for a lesser period R

3. To be completed on the death of an employee - twice the salary during 12 months immediately preceding death.
 R

NOTE: For the purpose of question 2 and 3, 'Salary' includes any amount received or receivable annually under a contract of service as also cost of living allowances, commission, share of profits, etc, but not occasional bonuses or fees which were dependant on the whim of the Directors or Employer.

DECLARATION

Certified correct to the best of my knowledge and belief.

NAME
 DESIGNATION

SIGNATURE _____

SECTION D

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.

1. PARTICULARS OF MEMBER

Member's Council number

Title Mr. Mrs. Ms.

Surname

Full Names

Income tax ref number Office

I hereby request that a direct transfer of my provident fund benefit be made to:

Name of receiving fund

MEMBER'S SIGNATURE

2. RECOGNITION OF TRANSFER

Policy Number

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 / single premium annuity for the above member.

Fund approval number PAYE number

SIGNATURE

COMPANY STAMP

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

COMPANY STAMP

Signed at on this day of 20

SIGNATURE

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 20

SIGNATURE

COMPANY STAMP

SECTION D(2)
DETAILED TRANSFER INFORMATION
(please tick the appropriate option below for the transfer)

1) The total Provident Fund benefit to be transferred to another fund.

OR

2) Portion R_____ paid directly to member and the balace to be transferred to another fund.

OR

3) Special instructions with regards to a transfer to another fund.

Please note that this option will be considered as final after 7 days following the date of your application.

SIGNATURE OF MEMBER

DATE