

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	0861 664 226
FREE STATE, P O BOX 22887, EXTON ROAD, 9313	(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)

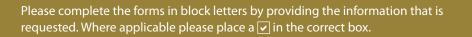
Please note: This application cannot be processed unless all information required is provided. You will note that an identity number is required on each page.

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)



Please complete the forms in block letters by prov requested. Where applicable please place a 🔽 in a		nt is 0											
Application for Resignation Benefit	OR	Retirement Benefit											
AUTO WORKERS PROVIDENT FUND	SECTION A	MOTOR INDUSTRY PROVIDENT FUND											
Contributions received to last day of employment YES NO													
MEMBER INFORMATION - to be completed by the member													
Surname													
Full Names													
ID number	Certified copy of	Identity Book MUST BE attached											
Council number													
Marital status: Single Married D	Divorced Widowed												
RESIDENTIAL ADDRESS													
Unit nr													
Complex name													
Street nr													
Street name/Name of farm													
Suburb/District													
City/Town													
Postal code													
POSTAL ADDRESS													
Contact No.		ell no.											
Email address													
Income tax ref number													



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	Savin	gs	Che	que		Trans	smiss	sion													
		Other																			
If the bank account hole	der is no ^r	t the m	embe	r, the	n the	follo	wing	mu	st be	con	nplet	ed b	y th	e m	emk	oer a	and	the a	acco	unt ł	older.
l:																			-	nstru	ct the
Motor Industry Fund Ad	lministra	itors to	pay th	ne pr	ovidei	nt fur	nd be	enefi	t du	e to	me ir	nto t	he a	bov	'e gi	iven	acc	oun	t.		
SIGNED BY MEMBER															D	D	Μ	Μ	Y	Y	ΥΥ
l:				0	f iden	tity n	r:									(Cop	oy o	f my	Ide	ntity	Book)
state that I have no obje											ng th	e pro	ovid	ent	fun	d be	enefi	t du	e to	the a	above
mentioned member inte	o my bar	nking a	ccoun	it as p	oer de	tails	prov	ided	abo	ve.											
SIGNED BY THE ACCOUN	NT HOLD)ER													D	D	Μ	Μ	Y	Y	ΥΥ
MEMBER'S SIGNATURE &	DISCHA	RGE																			
I hereby confirm that:																					
Payment of my benefit as s the details provided hereir	•		•										ility t	o me	e as s	set o	ut in	the	rules	of th	e Fund;
I understand the options a making an informed choic		to me w	vith reg	gard t	o the p	oayme	ent of	f my	bene	efits, i	ncluc	ding	the ii	nher	ent	tax i	mpli	catic	ons a	nd th	at I am
In the event of any loss suf liable for such losses.	ffered as a	a result o	of any o	detail	s provi	ded h	erein	beir	ig inc	orre	t, nei	ither	the F	und	l nor	r the	adm	ninist	ratoi	can l	oe held
I understand the rules of th in accordance with the pay																			that	the pa	ayment
I am not aware of any curre	ent or pei	nding di	vorce	order	or oth	er clai	m ag	ainst	my r	etire	ment	fund	ben	efit.							

MEMBER SIGNATURE



SECTION B

CERTIFICATE OF SERVICE - to be completed by the EMPLOYER

This is to certify that the parti	culars m	entioned h	ereunder	are true	records	of the e	mployr	nent of	the e	mploy	ee.	
Employee Council number												
Employee Surname												
Employee Full names												
Identity Number												
Company name												
Employee's termination Week	ciy / ivior	itniy / Annt	iai earning	js were								
Termination date reflected or	n the Mo	nthly Retur	ns to Mibo	o D	DMM	ΛΥΥ	(Y)	Y				
Reason for termination of em	ploymer	nt										
Period employed	From	DDM	ΜΥ	YY	Y	То	DD	MIN	ΑΥ	ΥΥ	Υ	
PREVIOUS EMPLOYER												
Company name												
Period employed	From	DDM	ΜΥΥ	YY	Y	То	DD	MIN	ΑΥ	ΥΥ	Υ	
SIGNED FOR AND ON BEHA	LF OF TH	IE EMPLOY	′ER									
INITIALS AND SURNAME												
DESIGNATION												
Contact number												
DATE DDMMYY	ΥΥ]										
								CON	IPANY	STAM	Ρ	
EMPLOYER SIG	NATURE											



SECTION C SARS FORM D

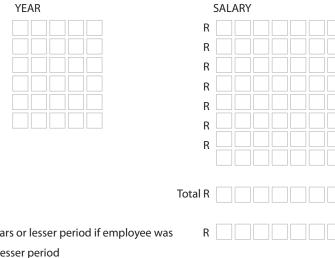
PENSION AND PROVIDENT FUNDS

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 Code
 Employee's Surnam Employee's First nar Identity number 	e			

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.



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

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												
DESIGN	ATION											



SECTION D

RECOGNITION OF TRANSFER BETWEEN APPROVED FUNDS

GENERAL

PLEASE NOTE: PLEASE COMPLETE SECTION D(1)

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	Me	mber's Council num	oer			
Title Mr.	Mrs.	Ms.				
Surname						
Full Names						
Income tax ref number			Office			
I hereby request that a direct transf	er of my provident f	fund benefit be made	e to:			
Name of receiving fund						
					DDM	ΜΥΥΥΥ
MEMBER'S SIGNATURE						
2. RECOGNITION OF TRANSFER -	RECEIVING FUND	DETAILS:				
Full name of the Fund						
Policy Number						
SARS Approved Number 18/20/4		FSB Registration	Number			
Type of Fund: Pension	Provident	Retirement Func	ł	Life Annu	lity	Other
Please Specify						
3. BANKING DETAILS: RECEIVING	FUND DETAILS					
Name of account holder						
Bank	Bran	ch No		Branch		
Account Number						
Type of account: Savings Ch	neque Othe	er 🗌				
Reference to be used for deposit						
4. PARTICULARS OF CONTACT PE	ERSON OF THE REC	EIVING FUND				
Initials and Surname						
Contact details: Telephone		F	ax			
Email						
			t	he undersi	gned, decla	are on behalf of the
					(name of	the receiving fund)
on receipt of the transfer from the M	Notor Industry Fund	d Administrators, agre	ees to app	ly this tow	ards pensic	on/provident/single
premium annuity for the above mer	mber.					
Signed at	on this	S				
				CON	/PANY STA	MP
Day of	20					



SECTION D(1)

RECOGNITION OF TRANSFER BETWEEN APPROVED FUNDS

5. STATEMENT OF BEHALF OF TRANSFERRIN	IG FU	ND																		
I, the undersigned, declare on behalf of the																				
Fund approval number					PAYE	nui	mb	er												
1. that the transferring fund is an approved	l pens	ion /	provic	lent	fund (o	dele	ete v	whie	ch is	s no	ot aj	pp	olical	ble	e), a	nd				
2. that the member enjoyed membership:	From To	D	D M	M	Y Y Y Y			Y Y												
Signed at	_ on th	nis																		
Day of	_ 20																			
											COI	MI	PAN	Y S	TAN	ЛР				
SIGNATURE	-																			
6. STATEMENT OF BEHALF OF RECEIVING FU	JND																			
I, the undersigned, declare on behalf of the																				
Fund approval number					PAYE	nui	mb	er												
1. that the RECEIVING fund is an app	roved	pens	ion / p	rovio	dent fu	ind	(de	lete	wh	icł	n is r	no	t ap	pli	cab	le),	and	I		
2. that Rhas been	receive	ed fo	r applie	catio	n unde	er th	ne re	ecei	ving	g fu	ind o	on	beł	nal	f of	the	me	mb	er, a	nd
3. that the transfer was in accordance	with t	he st	ipulati	on of	f the Ao	ct as	s de	fine	ed ir	n pa	arag	ıra	ph 1	al	bov	e.				
Signed at	_ on th	nis																		
Day of	_ 20																			
											COI	M	PAN	Y S	TAN	ЛР				
SIGNATURE	-																			

PLEASE NOTE: PLEASE COMPLETE SECTION D(2)



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 balance to be transferred to another fund.	
(Su	ubject to TAX if any)	
	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