



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 providing the information that is requested. Where applicable please place a in the correct box.

Application for Resignation Benefit

OR

Retirement Benefit

SECTION A

AUTO WORKERS PROVIDENT FUND

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 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. Cell no.

Email address

Income tax ref number

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.

(Subject 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