

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)







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 o	f Identity Book MUST BE attached								
Council number										
Marital status: Single Married Div	vorced Widowe	d								
RESIDENTIAL ADDRESS Unit nr										
Complex name										
Street nr										
Street name/Name of farm										
Suburb/District										
City/Town Postal code										
rostal code										
POSTAL ADDRESS										
Contact No.		Cell no.								
Email address										
Income tax ref number										

02

MEMBER BANKING DE Bank statement or Bank		ut stamped by t	the bank MUST BE S	UPPLIED		
Identity Number						
Account Holder Name						
Name of Bank						
Branch Code						
Account Number						
Type of Account	Savings	Cheque	Transmission			
	Other					
If the bank account hole			_			
Motor Industry Fund Ac			-			-
, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,				
SIGNED BY MEMBER					D D N	1 M Y Y Y Y
l:		of ide	ntity nr:		(Сору с	of my Identity Book)
state that I have no obje		-	_		lent fund benef	fit due to the above
mentioned member int	to my banking a	ccount as per d	etails provided abo	ve.		
SIGNED BY THE ACCOU	NT HOLDER				D D N	1 M Y Y Y
MEMBER'S SIGNATURE &	& DISCHARGE					
I hereby confirm that:						
Payment of my benefit as the details provided herei					to me as set out i	n the rules of the Fund;
I understand the options making an informed choice		ith regard to the	payment of my bene	fits, including the i	inherent tax impl	lications and that I am
In the event of any loss su liable for such losses.	iffered as a result o	of any details prov	vided herein being inc	orrect, neither the	Fund nor the adr	ninistrator can be held
I understand the rules of the in accordance with the pa						
I am not aware of any curr	rent or pending di	vorce order or oth	ner claim against my r	etirement fund ber	nefit.	

MEMBER SIGNATURE _

SECTION BCERTIFICATE OF SERVICE - to be completed by the EMPLOYER

This is to certify that the par	ticulars m	nentioned	l hereu	ınder	are tr	ue re	cord	ds o	f th	e en	nplo	ym	ent	of tl	ne e	mp	loye	e.		
Employee Council number																				
Employee Surname																				
Employee Full names																				
Identity Number																				
Company name																				
Employee's termination Wee	ekly / Moi	nthly / An	nual e	arning	gs wei	re														
Termination date reflected of	on the Mo	onthly Ret	urns to	o Mibo	co D	D	M	M	Υ	Υ	Υ	Υ								
Reason for termination of er	mployme	nt																		
Period employed	From	D D	M	Υ	ΥΥ	Υ			То		D	D	M	M	Υ	Υ	Υ	Υ		
PREVIOUS EMPLOYER																				
Company name																				
Period employed	From	D D	M	Υ	ΥΥ	Υ			То		D	D	M	M	Υ	Υ	Υ	Υ		
SIGNED FOR AND ON BEH	ALF OF T	HE EMPL	OYER																	
INITIALS AND SURNAME DESIGNATION																				
Contact number																				
DATE DDMMY	YYY																			
													CO	MP	ANY	STA	AMP			
EMPLOYER SIG	GNATURI	 E																		

SECTION C SARS FORM D PENSION AND PROVIDENT FUNDS

	Member ¹	s Council nur	nber						
To be completed by the member's Administrator / Insurer of the Fund				cable, an	d submitt	ed by the	e Truste e	<u>e</u> /	
Administrator / misurer or the Fund		OIIII A LO SANS	o. 						
Name of Employer									
Employer's Address									
						Code			
1. Employee's Surname									
Employee's First name									1
Identity number									
Highest average salary actually of during his membership to the full		during any fiv	e conse	cutive ye	ars in the	service c	of the em	nploye	·r
YEAR		SALARY							
		R							
		R							
		R							
		R							
		R							
		R							
		R							
	Total	R							
	116								
Average for 5 years or lesser period	if employee was	R							
employed for a lesser period									
3. To be completed on the death o	of an employee - twice tl	ne salary durin	ng 12 ma	onths im	mediately	precedi	ng death	۱.	
		R							
NOTE: For the purpose of questi	ion 2 and 3, 'Salary' inclu	ides any amou	ınt recei	ved or re	ceivable a	annually	under a	contra	ict of
service as also cost of livi	ng allowances, commis	sion, share of p	orofits, e	etc, but n	ot occasio	onal boni	uses or fe	ees wh	nich
were dependant on the v	whim of the Directors or	Employer.							
DECLARATION									
Certified correct to the best of my I	knowledge and belief.								
NAME									
DESIGNATION									
								[
SIGNATURE				D D	MMY	Y	Υ		

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	M	lember's Co	uncil nu	mber							
Title Mr.	Mrs.	Ms.									
Surname											
Full Names											
Income tax ref number				Off	ice						
I hereby request that a direct transfer	of my providen	t fund bene	fit be ma	ade to:							
Name of receiving fund											
							D	D M	MY	Υ	Y
MEMBER'S SIGNATURE											
2. RECOGNITION OF TRANSFER - R	ECEIVING FUNI	D DETAILS:									
Full name of the Fund											
Policy Number											
SARS Approved Number 18/20/4		FSB R	egistratio	on Num	ber						
Type of Fund: Pension Pr	rovident	Retire	ment Fu	nd	1	ife Anı	nuity		0	ther	
Please Specify											
3. BANKING DETAILS: RECEIVING	FUND DETAILS										
Name of account holder											
Bank	Bra	nch No				Branch					
Account Number											
Type of account: Savings Che	eque Ot	her									
Reference to be used for deposit											
4. PARTICULARS OF CONTACT PER	SON OF THE RE	CEIVING F	UND								
Initials and Surname											
Contact details: Telephone				Fax							
Email											
1					the	under	signe	d, decl	are on l	oehal	lf of the
							(na	ame of	the rec	eivin	g fund)
on receipt of the transfer from the Mo	otor Industry Fur	nd Administ	rators, a	grees to	apply	this to	vards	pensi	on/prov	riden	t/single
premium annuity for the above mem	ber.										
Signed at	on th	nis									
)MPA	NY STA	MP		
Day of	20						ervil /\	111 317			
,											
PLEASE NOTE: PLEASE COMPLETE SE	CTION D(1)										

SECTION D(1)

RECOGNITION OF TRANSFER BETWEEN APPROVED FUNDS

5. STATEMENT OF BEHALF OF TRANSFERRIN	NG FUND
I, the undersigned, declare on behalf of the	
Fund approval number	PAYE number
1. that the transferring fund is an approved	d pension / provident fund (delete which is not applicable), and
2. that the member enjoyed membership:	From D D M M Y Y Y Y
	To DDMMYYYY
Signed at	_ on this
Devet	20
Day of	
	COMPANY STAMP
SIGNATURE	_
SIGNATORE	
6. STATEMENT OF BEHALF OF RECEIVING FU	JND
I, the undersigned, declare on behalf of the	
Fund approval number	PAYE number
1. that the RECEIVING fund is an appr	roved pension / provident fund (delete which is not applicable), and
2. that Rhas been i	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
	COMPANY STAMP
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	