7 Disa Street, Extension 8, Kempton Park
Private Bag X36, Kempton Park, 1620

Tel: 011 578 5333

BOKAMOSO RETIREMENT FUND

TERMINATION BENEFIT CLAIM FORM

1. PERSONAL DETAILS

Surname		Id Number	
Name/S		Date Of Birth	
Employee Number		Employer Name	
Tax Number		Job Description	
Date Joined Fund		Contact Details	
Email Address			

MEMBER'S RESIDENTIAL ADDRESS

_____

_____

_____

MEMBER'S POSTAL ADDRESS

_____

_____

_____

2. TO BE COMPLETED BY EMPLOYER REPRESENTATIVE

TYPE OF WITHDRAWAL *Please mark the correct reason with X*	Resignation		Retrenchment	
	Retirement		Death in Service	
	Dismissal			

DATE OF TERMINATION OF SERVICE								
LAST WORKING DAY								
FINAL CONTRIBUTIONS DEDUCTED ENCLOSED ON OUR MONTHLY RETURN								

CONTRIBUTIONS DEDUCTED FROM FINAL SALARY: R _____

ANNUAL PENSIONABLE SALARY ON DATE OF TERMINATION: R _____

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3. FUNDS BENEFIT PAYMENTS OPTIONS	
a. WITHDRAWAL (select one option**)**	
1. Full Cash(Full Fund Benefit to be paid as a cash lump sum)	☐
2. Full Transfer(Full Fund Benefit to be transferred to another approved Retirement Fund)	☐
3. Split Payment (Full Fund Benefit to be split between transfer to a new approved Retirement Fund and a cash lump sum payment.	☐
b. RETIREMENT (select one option)	
1. Full Transfer(Full Fund Benefit to be used to transferred approved preservation Fund)	☐
2. Split Payment(Full Fund Benefit to be split between transfer to the approved preservation Fund(Two third) and a cash lump sum payment(One third))	☐
5. BANK DETAILS	
Account Holder: _____	
Name of Bank: _____	Branch Code: _____
Account Number: _____	Type of A/C: _____
6. DECLARATION BY MEMBER	

I hereby confirm that the details contained herein are true and correct in every way; I understand the options available to me with regard to the payment of my benefits, including the tax implications and that I am making an informed choice; in the event of any loss suffered as a result of any details provided by herein being incorrect, neither the Fund nor the Administrators can be held liable for such losses.

Surname	
Name/s	
Identity/passport Number	
Date	

MEMBERS SIGNATURE

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7. DECLARATION BY EMPLOYER REPRESENTATIVES

I hereby declare that all the particulars furnished on this form are true and correct

Surname	
Name/s	
Identity/passport Number	
Date	
Employer Contact Details	
Branch/ Division Name	
Email Address	

SIGNED ON BEHALF OF EMPLOYER

8. DOCUMENTATION TO BE ATTACHED TO THIS CLAIM FORM

- Certified copy of IDENTITY DOCUMENT or PASSPORT
- Original BANK STATEMENT (not older than three months)-to bear an original bank stamp) NOTE: Internet (certified or otherwise)will not be accepted.
- Proof of Income Tax Number
- Proof Or Residential Address

STAMP OF EMPLOYER