



MEMBERSHIP TERMINATION FORM

The Willows Office Park
Block 1 Unit 1 & 2
276 George Road
Erand Gardens, Midrand
Tel: 086 111 2026
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SECTION A (must be completed in all exits)

1. MEMBER DETAILS

| | |
|---------------------------|--|
| First names: | |
| Surname: | |
| Identity Number: | |
| Date of Birth: | |
| Date of Joining the Fund: | |
| Membership Number: | |
| Member Tax Number | |

OFFICIAL STAMP OF MUNICIPALITY

| | | | | | | |
|--|----------|---|----------|---|-------------|---|
| Member contact number | | Date of last contribution | | | | |
| Member email address | | Last salary | | | | |
| Municipality | | | | | | |
| Marital Status <i>(If divorced please attach a copy of the divorce order)</i> | Married: | <input style="width: 80px; height: 20px;" type="text"/> | Widowed: | <input style="width: 80px; height: 20px;" type="text"/> | Divorced: | <input style="width: 80px; height: 20px;" type="text"/> |
| | Single: | <input style="width: 80px; height: 20px;" type="text"/> | | | In process: | <input style="width: 80px; height: 20px;" type="text"/> |

2. REASON OF TERMINATION

| Tick the Applicable one | Reason | Applicable Section |
|--------------------------|--|--------------------|
| <input type="checkbox"/> | Withdrawal, in terms of Rule 33 (resignation, discharge, end of municipal term or any circumstances not provided for in the rules) | Complete section B |
| <input type="checkbox"/> | Retirement,, in terms of Rule 32 (end of municipal term after member reaches 55 years, reaching retirement age of fund) | Complete section C |
| <input type="checkbox"/> | Death in terms of Rule 35 (death in service) | Complete section D |

Member Signature _____

Date _____

SECTION B**WITHDRAWAL BENEFIT**

| | |
|---|--|
| Date of termination: | |
| Reason of termination (e.g. dismissal, resignation, term-ends): | |
| Age of member at date of termination: | |

| X applicable Option | Member Elects to: |
|----------------------------|---|
| | Receive the benefit as a gratuity payment (Rule 33.1) |
| | Transfer the benefit into a Retirement Annuity Fund (Rule 33.2(a)) |
| | Transfer benefit into a preservation pension fund (Rule 33.2(b)) |
| | Transfer the benefit into another registered pension fund (Rule 33.2(c)) |
| | To leave the benefit in the fund and become a deferred pensioner (Rule 33.2(d)) |

SECTION C**RETIREMENT**

| | |
|---------------------------------------|--|
| Date of termination: | |
| Age of member at date of termination: | |

Member election on payment of benefit

| X applicable option | Manner of payment of benefit |
|---|--|
| | To receive a lump sum payment of up to one-third (1/3) and balance used to purchase an annuity with an Insurer (Rule 32.3) |
| | Purchase an annuity with full benefit (Rule 32.3) |
| Details and contact number of insurer with which an annuity is purchased: | |
| Policy No.: | |

SECTION D

DEATH BENEFIT (In terms of Section 37C of the Act)

Basic information requested

| | | | |
|--|------------------------|-----------|----------|
| Date of Death: | | | |
| Nomination Form (did the member complete a nomination form) | Yes | No | |
| Dependants (did the member have dependants) | Yes: <i>(How Many)</i> | No | |
| Marital Status (the member can be married and previously divorced at the same time) | Married | Unmarried | Divorced |
| Spouse/s' details if any ("spouse" means a person who is the permanent life partner or spouse or civil union partner of a member in accordance with the Marriage Act, 68 of 1961, the Recognition of Customary Marriages Act, 68 of 1997, or the Civil Union Act, 17 of 2006, or the tenets of a religion) | Spouse 1 | | |
| | Spouse 2 | | |
| | Spouse 3 | | |
| Affidavits from Employer (form AE) | How many: | | |
| Affidavits from Neighbours (form AN) | How many: | | |
| Affidavits from Family (form AF) | How many: | | |

Bank Details (Please attach proof of Banking Details/ Bank Stamped confirmation of Account)

| | | | |
|------------------------|--|------------------|--|
| Name of Account Holder | | Signature: | |
| Bank: | | Account Number: | |
| Branch Name & Code | | Type of Account: | |

DECLARATIONS

We the undersigned, Officials hereby confirm that the Member is no longer in the employ of the Municipality and that information provided above is true and correct:

Full Name & Surname:..... Signed:..... Date:.....

Full Name & Surname:..... Signed:..... Date:.....