

DECLARATION BY MEMBER:

I hereby declare that, to my knowledge, the above is true and accurate.

I further declare that I understand and agree that the withdrawal is made voluntarily without coercion and that the implications have been explained to me. I also acknowledge that:

1. The withdrawal is made in terms of the Pension Funds Act as amended as well as the rules of the MCPF.
2. I can only make a single withdrawal in a year.
3. I understand fully the implications of this withdrawal on my benefits, in particular the impact on the fund credit.
4. The Fund will charge an administration fee.
5. The withdrawal is subject to applicable tax deduction specified by SARS.

Members Name and Surname: _____

Members Signature: _____

Date: _____

NB: Members of retirement age (55 years and above) will need to complete an OPT IN form.

WHY WE NEED YOUR PERSONAL INFORMATION

The fund collects your personal information in this form so that we can:

- Correctly Pay your 1/3rd savings withdrawal benefit from the fund.
- Also to update your information in case there are any changes to your personal information.
- Your personal information is protected and will not be shared with any unauthorised Third Parties,

TWO-POT RETIREMENT SYSTEM OPT-IN FORM

The purpose of this form is to instruct the Fund and its administrator that you wish to opt-in to the two-pot retirement system, effective 1 September 2024. Only applicable to members who were 55 years and older on 1 March 2021.

Fund name	MUNICIPAL COUNCILLORS PENSION FUND	
Member number	Employee number	
Name/s & Surname		
Identity number	Date of Birth	
Passport number	Country of issue	
Residential Address		
Postal Address		
Cell phone no.	Home Number	
Email address		
Tax number		

Members who were 55 years and older on 1 March 2021 and wish to opt-in to the two-pot retirement system, must formally elect to do so.

I hereby elect to opt-in to the two-pot retirement system

If you elect to opt-in to the two-pot retirement system, you forfeit your continued vested rights from the date of your decision.

Declaration by Member

It is hereby confirmed that:

1. My choice is irrevocable.
2. The Municipal Councillors Pension Fund has not influenced my choice.
3. The information contained herein is correct.
4. I understand that by electing to opt-in to the two-pot retirement system, that I will forfeit the accrual of further vested rights in my vested pot.
5. I declare that I understand the implications of my choice and that I have obtained financial advice where appropriate.

Your full name		
Signature of Member	Date	

Supporting Documents Required

* Copy of the member's identification document. If it is smart identification, both sides must be copied and certified.

Important Notes

You have until 31 August 2025 to decide whether you wish to opt-in to the two-pot retirement system. This is a permanent, once-off selection. Please send the completed form to twopotclaim@mcpf.co.za

Financial Advice

The Fund encourages members to constantly seek financial advice on all fund matters and particularly when benefits become payable.

Confidentiality

The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation.