KwaZ	Joint Municipal Per ulu-Natal Joint Mur lent Funds d, Your Savings, Your Future"	and the second s		
	Member	Exit Cla	aim Form	
Please select your Fund (x)	SUPERANNUATION		RETIREMENT	PROVIDENT
Title Surname & Initials ID Number Member Number Municipality Date of Exit Home Phone Cell Phone Income Tax Number Email Address	Y Y Y Y - M M -		Resignation Retrenchment Transfers Normal Retirem COMPLETE THIS SECT Members leaving th service of another le BENEFIT PAYABLI On exiting your cu employment of ano JOINT MUNIO	ION IF MOVING TO ANOTHER MUNICIPALITY e service of a local authority in order to enter ocal authority, SHALL NOT BE ENTITLED TO A E IN TERMS OF THE FUNDS REGULATIONS. urrent municipality, will you be entering the other municipality associated with the NATAL CIPAL PENSIONS/ PROVIDENT FUNDS? NO
Bank Account Holder Account Number Branch Code PLEASE ATTACH A COPY OF	A BANK STATEMENT STAMPE	D BY THE BANK	AS WELL AS A COPY	OF YOUR IDENTITY DOCUMENT
	Other instruction	s:(eg:Transfer	funds to annuity)	
Member Signature		V	Vitness Signature	
Date Notes • It is compulsory to complete a	nay be rejected and a benefit will re		pate	IS provided.

• Exit benefits are payable in terms of the applicable regulations.