



NJMPF

KwaZulu-Natal Joint Municipal
Pension/Provident Funds

RETIREMENT COUNSELLING INTERVIEW FORM

| Details of member receiving counselling | | | | | | |
|---|------------------|------|------------------------------|----------------|-------------|---|
| Title | Mr. | Mrs. | Ms. | Specify Other: | | |
| Full Name and Surname | | | | | | |
| ID Number | | | | | | |
| Date of Birth | C | C | M | M | D | D |
| Telephone Number | | | | | | |
| Residential Address | | | | | | |
| | | | | | | |
| | | | | | | |
| Reason for counselling | | | | | | |
| Reason for Exit | Dismissal | | Retrenchment | | Resignation | |
| | Early Retirement | | Normal Retirement | | Ill-health | |
| Notes | | | | | | |
| I have received counselling | Yes | | | No | | |
| I am aware of my options | Yes | | | No | | |
| Notes | | | | | | |
| | | | | | | |
| | | | | | | |
| Member Signature | | | NJMPF Staff Signature | | | |
| Signed at (place): | | | Signed at (place) | | | |
| Date: | | | Date: | | | |
| Signature: | | | Signature: | | | |

Your Anchor in Uncertain Storms