NJMPF
KwaZulu-Natal Joint Municipal Pension/Provident Funds

DIVORCE CLAIM FORM (SPOUSE)

NAME OF FUND:

SUPERANNUATION		**RETUREMENT**		**PROVIDENT**	

DETAILS OF SPOUSE

Title:	
Surname and Initials:	
ID Number:	
Name of Employer:	
Date of Marriage:	
Date of Divorce:	
Postal Address:	
Residential Address:	
Telephone Number:	
Cell Number	
Income Tax Reference No:	
E-Mail Address:	

(*PLEASE NOTE THIS BENEFIT WILL NOT BE PROCESSED WITHOUT A CONFIRMED ACTIVE TAX REFERENCE NUMBER)**

DEPOSIT LUMP SUM INTO PERSONAL ACCOUNT (NO JOINT ACCOUNTS)

Bank:	
Branch Name (Code):	
Account Number:	
Name of Account Holder:	

ATTACH A COPY OF A STAMPED BANK STATEMENT, MARRIAGE CERTIFICATE AND FINAL DIVORCE ORDER

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OTHER INSTRUCTIONS: (EXAMPLE: TRANSFER FUNDS TO ANNUITY ETC)

Signature:		**Witness Signature:**	
Date:		**Date:**	

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