



# NJMPF

KwaZulu-Natal Joint Municipal  
Pension/Provident Funds

## MEMBER EXIT CLAIM FORM

SUPERANNUATION FUND		RETIREMENT FUND		PROVIDENT FUND	
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## PERSONAL DETAILS

Title:	
Full Name and Surname:	
ID Number:	
Member Number:	
Municipality:	
Date of Exit:	
Home Phone:	
Cell Phone:	
Income Tax Number:	
Email Address:	
Residential Address:	
Postal Address:	

## REASON FOR EXIT

Resignation		Early Retirement		Dismissal		Ill Health		Transfers	
Normal Retirement		Retrenchment							

## THIS SECTION IS COMPULSORY

**Members leaving the service of a local authority in order to enter service of another local authority, SHALL NOT BE ENTITLED TO A BENEFIT PAYABLE IN TERMS OF THE FUNDS REGULATIONS.**  
**On exiting your current municipality, will you be entering the employment of another municipality in KwaZulu-Natal? If yes please provide the name of Municipality below:**

YES		NO		MUNICIPALITY	
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## BANK DETAILS

Bank:		Account Number:	
Account Holder:		Branch Code:	

**PLEASE ATTACH A COPY OF A BANK STATEMENT STAMPED BY THE BANK AND A COPY OF YOUR CERTIFIED IDENTITY DOCUMENT. No Payments will be made to investment accounts, joint accounts or credit card accounts. Please note the Fund can only make payment to the Member's bank account.**

## OTHER INSTRUCTIONS

**Should you wish to transfer your entire lumpsum benefit or a portion to another financial institution (e.g. Preservation Fund, Retirement Annuity Fund, Living Annuity, Life Annuity etc.), please complete this section below;**

Are you transferring the full benefit?	YES		NO	
Are you transferring a portion of your lumpsum?	YES		NO	

If you are transferring portion of your lump sum, please state the amount you wish to transfer.	R
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Would you like the interest accumulated from your date of exit to date of payment to be paid into your personal bank account?	YES		NO	
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## TRANSFER ACCOUNT DETAILS

Name of the Institution:	
Financial Advisor:	
Contact Number:	
Email Address:	

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## INSTITUTION BANKING DETAILS

Bank Name:		Account Number:	
Account Holder:		Branch Code:	
Reference Number:		Policy Number:	

NB: Please attach a copy of your application form (Policy)

## SIGNATURE

Member Signature:		Witness Signature:	
Date:		Date:	

## NOTES

- It is compulsory to complete all fields.
- Incomplete Exit Claim Forms may be rejected and a benefit will remain unpaid until all required information is provided.
- The Fund reserves the right to request additional information.
- Exit benefits are payable in terms of the applicable regulations.
- Transfer to another Fund (e.g. Retirement Annuity Fund, Preservation Fund) is not allowed for Normal Retirement, Early Retirement or Ill Health exits.

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