



# NJMPF

KwaZulu-Natal Joint Municipal  
Pension/Provident Funds

## MEMBER EXIT CLAIM FORM – RETIREMENT

### KWAZULU-NATAL JOINT MUNICIPAL PENSION / PROVIDENT FUNDS

<b>SUPERANNUATION FUND</b>		<b>RETIREMENT FUND</b>		<b>PROVIDENT FUND</b>	
----------------------------	--	------------------------	--	-----------------------	--

Provident Fund members need only complete sections A, B, D and G.

#### A : 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:	

#### B : REASONS FOR EXIT

Normal Retirement		Early Retirement		Ill Health		Retrenchment	
-------------------	--	------------------	--	------------	--	--------------	--

*Your Anchor in Uncertain Storms*



# NJMPF

KwaZulu-Natal Joint Municipal  
Pension/Provident Funds

## C : LUMP SUM

Should you wish to commute a portion of your pension, please notify the Fund in writing no later than your last working day. Please indicate in the space below:

## D : BANK DETAILS – LUMP SUM PAYMENT

Bank:		Account Number:	
Account Holder:		Branch Code:	

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

## E : BANKING DETAILS – MONTHLY PENSION

Bank:		Account Number:	
Account Holder:		Branch Code:	

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

## F : MEDICAL AID

Would you like your portion of medical aid to be deducted off your monthly pension?	
If yes, kindly advise which Medical Aid Scheme you are a member of:	
Please provide your Medical Aid Membership Number:	
Please advise your portion of the monthly medical aid contribution to be deducted from your monthly pension:	

*Your Anchor in Uncertain Storms*



# NJMPF

KwaZulu-Natal Joint Municipal  
Pension/Provident Funds

## G : 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.

*Your Anchor in Uncertain Storms*