



NJMPF

Your Fund, Your Savings, Your Future

KWAZULU-NATAL JOINT MUNICIPAL PROVIDENT FUND

Registration no: 12/8/32588

IN-FUND LIVING ANNUITY APPLICATION FORM

Name	
Surname	
ID Number:	
Annuity Start Date	
Income Tax Number:	
Home Phone:	
Cell Phone:	
Email Address:	
Postal Address:	

Please attach a certified copy of your Identity Document

BANKING DETAILS

Please provide your banking details of the account you wish your monthly annuity paid into. Please attach a bank stamped verification of banking details, not older than 3 months old.

Bank	
Account Holder	
Account Number	
Branch Name & Code	



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DRAWDOWN RATES

	Drawdown Percentage	Drawdown Percentage
<u>Age</u>	<u>Minimum</u>	<u>Maximum</u>
up to 55	2.5%	8.5%
56 to 59	2.5%	8.5%
60 to 64	2.5%	9.0%
65 to 69	2.5%	10.0%
70 to 74	2.5%	11.0%
75 to 79	2.5%	12.0%
80 to 84	2.5%	13.5%
85 to 89	2.5%	15.5%
90 and above	2.5%	17.5%

DRAWDOWN SELECTION INSTRUCTION

I wish to purchase an annuity with (please tick appropriate box)

☐

100% of my Lump sum

or

☐

A portion of my benefit

If you select a portion, kindly state the percentage or amount that you wish use:

(Fill amount / Percentage in here).....

I, _____ (Name) hereby select the drawdown rate of

_____ % for the 12 month period from my anniversary date of annuitisation.

Signed: _____ Date: _____



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KwaZulu-Natal Joint Municipal
Pension/Provident Funds

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Registration no: 12/8/32588

LIVING ANNUITY BENEFICIARY FORM

Names & Surname: _____

Igama Nesibongoselunga

ID Number: _____ Email _____

Inombolo Kamazisi _____ cell no. _____

BENEFICIARY LISTING ADVICE UHLA LWAMAGAMA ABAZOHLOMULA EZIMALINI

I hereby, subject to the regulations governing the fund that I am an annuitant of at the time a benefit becomes payable in respect of my death, list and nominate the following person/s as my beneficiary/ies.

Ngaphansi kwemithetho elawula isikhwama engiyilunga laso, ngesikhathi sokukhokhwa kwezimali eziqondene nami uma ngidlula emhlabeni, ngiqoka laba abalandelayo kube yibo abahlomulayo ezimalini zami.

BENEFICIARY UMHLOMULI	RELATIONSHIP TO YOU UBUHLOBO NAWA	IDENTITY NUMBER INOMBOLO KAMAZISI	% PROPORTION OF BENEFIT INGXENYE YENZUZO

Signature/Sayina _____ Date/Usuku _____

Witness Signature/Kusayina ufakazi _____ Date/Usuku _____

Name & Address of Next of Kin / Igama Nekheli Lesihlobo Osondelene Naso

Telephone number of Next of Kin / Inombolo Yoncingo Yomuntu Osendelene Nawe
