



NJMPF
KwaZulu-Natal Joint Municipal
Pension/Provident Funds

SAVINGS COMPONENT CLAIM FORM

<input type="checkbox"/> SUPERANNUATION FUND	<input type="checkbox"/>	<input type="checkbox"/> RETIREMENT FUND	<input type="checkbox"/>	<input type="checkbox"/> PROVIDENT FUND	<input type="checkbox"/>
--	--------------------------	--	--------------------------	---	--------------------------

SECTION A: PERSONAL DETAILS

Title:		Identity Number:	
Surname:		First Name/s:	
Municipality:		Income Tax Number (10 Digits Mandatory)	
Cell Phone Number (Mandatory):		Alternative Contact Number (Mandatory):	
Personal Email Address:		Alternative Email Address	
Residential Address:		Postal Address:	
Postal Code:		Postal Code:	

**Please attach a certified ID copy not older than three months.*

SECTION B: BANKING DETAILS

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

**Please attach a copy of your bank statement that is not older than three months and stamped by the bank. Kindly note that the Fund will only make payments to the member's bank account as confirmed by the bank. No payments will be made to any investment, joint or credit card accounts.*

SECTION C: MEMBER INSTRUCTION

Amount that you wish to withdraw:	R
-----------------------------------	---

**Disclaimer ALL withdrawal amounts will be subjected to tax and administration fees.*

SECTION D: NEXT OF KIN DETAILS - THIS SECTION IS COMPULSORY

Surname:		First Name/s:	
Relationship:		Cell Phone Number:	
Alternative Contact Number:		Email Address:	

**Kindly note that ALL fields are to be completed with the latest and updated information.*

Your Anchor in Uncertain Storms



NJMPF
KwaZulu-Natal Joint Municipal
Pension/Provident Funds

SECTION E: SECTION 37D DEDUCTIONS DECLARATION

Section 37 D (1)(b)(ii), permits certain allowable deductions from your funds in respect of damages suffered from your employer due to:

- Theft
- Dishonesty
- Fraud, or Misconduct (in terms of a court judgement, dishonest conduct is envisaged)
 - ii) Pending divorce cases
 - iii) Maintenance Orders
 - iv) Arrear tax owed to SARS

<i>Kindly answer the following questions truthfully as any false statements may result in legal action taken against you by the Fund</i>	YES	NO
Are you aware of any investigation against you by the employer (pursued, pending, and finalised during the period of filing this claim)?		
Are you in a process of divorce?		
Do you have any maintenance case against you, whether pursued, pending or finalised during the period of filing this claim?		
Are you aware of any arrear tax that you owe SARS?		

NB: For all the questions responded to as "YES", kindly attach supporting documents together with this claim

IMPORTANT NOTES

- Please send your completed claim form to twopot@njmpf.co.za
- It is compulsory to complete all fields relevant to you.
- Incomplete claim forms may be rejected, and the benefit will remain unpaid until all required information is provided.
- The Fund reserves the right to request additional information.
- The seed capital will be limited to 10% of the amount in your retirement fund account on 31 August 2024, subject to a maximum amount of R 30 000.00 as legislated by the National Treasury.
- Please update your personal information and beneficiary details regularly by emailing any changes to info@njmpf.co.za

Disclaimer

Important Information Regarding Claiming from your savings component

Payment Processing Time:

Once the Fund receives a claim form, it will take approximately 4 - 6 weeks for the claim to be finalised. (This is dependent on claim volumes)

The following steps will be taken after a member has submitted their claim: -

1. Verification of details (personal details and banking details)
2. Benefit Counseling
3. Requesting and obtaining a tax directive from SARS for calculation of tax

Your Anchor in Uncertain Storms



NJMPF
KwaZulu-Natal Joint Municipal
Pension/Provident Funds

NB: To avoid potential rejection, it is important for claimants to provide accurate information (ID number, Tax Number, personal details and banking details)

- Funds are only payable to the claimants bank account, no third party payments will be made.
- SARS does not allow for tax deduction quotations, once a directive has been requested from SARS, the claim becomes irreversible. It will be processed and paid to the claimant.

Tax Implications:

If you withdraw funds from your savings component before retirement, it will be subject to taxation at your marginal tax rate. The withdrawal amount will be subject to a withholding tax process and will be included in your annual income at the end of the tax year. This could potentially push you into a higher tax bracket, resulting in a larger tax liability.

It is important to ensure that your tax affairs are in order as SARS may deduct any arrear taxes before the payment of your claim. In the event of you owing SARS more than the claimed amount, this may result in you not receiving ANY benefit although it will still reduce your benefit in the Fund by the claim amount.

Administrative Costs:

The calculation of administrative expenses for processing your claim will be based on a sliding scale. This expense will be subtracted from your claim. The fee will be 2% of the gross amount, with a minimum of R100.00 and a maximum R600.00 per claim.

NB: Tax and administration costs will be deducted from the withdrawal amount, and the balance paid into your bank account.

Impact on Retirement Benefits:

Withdrawing your savings pot will have a detrimental effect on your retirement. The Two-Pot system is designed to permit members to access funds only for emergency situations.

NB: When you withdraw money from your savings pot, you are essentially taking a loan from your future self and compromising your financial security.

Do not hesitate to seek guidance from the Fund's Benefit Counselling team should you require any clarity regarding the above.

SECTION F: SIGNATURE – COMPULSORY

By proceeding with this claim and signing this document, you acknowledge that you understand the above points and accept the potential impact on your retirement benefit.

Member Signature:		Witness Signature:	
Date:		Date:	

Your Anchor in Uncertain Storms