



National Fund for Municipal Workers Notice of Withdrawal – Deferred Members

SECTION A	MEN	IBERSHIP INFORMAT	ION	To be completed by MEMBER				
Category A	Memb	ership No.						
Category C	Memb	ership No.						
Category E	Memb	ership No.						
	Category A (also called the 2% Fund) is a fund established by collective bargaining as a top-up benefit to enhance retirement and risk benefits for local government employees.							
Membership has therefore been a condition of service at participating councils since 1987. Category C, the retirement fund is a defined contribution fund operating nationally within local government. A member may choose to receive between 0% and 100% of their fund credit as a lump sum benefit. The portion of the fund credit, which the member does not take as a lump sum benefit, may be converted into an annuity of their own choice. Category E is members who previously belonged to the National Pension Fund for Municipal Workers or where transfers to NFMW were affected from a pension fund. Category E members need to purchase a pension/annuity with at least two thirds of their fund credit.								
SECTION B	AF	PPLICANT INFORMATI	ON	To be completed by MEMBER				
Surname								
Full names								
ID number								
Income tax number								
Telephone number – M	Mobile							
Telephone number – F	lome							
e-Mail address (For future	e use)							
Home physical address	S							
	Postal code							
Home postal address [Home postal address [same as Physical above]							
	Postal code							
SECTION C	CON	FIRMATION OF IDEN	ITITY NFM	IW Official / Commissioner of Oaths				
I hereby declare that the ab	ove-mentioned applican	t presented his/her Identity D	Document and signed t	his form in my presence.				
Signed at		on this day of		2 0				
Signature: NFMW Official / Commissioner of Oaths								
Member Initials								



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SECTION D	LAST EMPLOYMENT INFORMATION To be completed by MEMBER						
Employer (Local author	ority)						
Last day of service							
Reason for termination of service							
Resignation	Retirement	Disabil	lity	Retrenchment			
Dismissal	Expiry of co	ntract Other					
SECTION E FINANCIAL ADVISER INFORMATION To be completed by MEMBER							
Name of financial adv	Name of financial adviser						
Financial adviser e-ma	ail address						
Financial adviser telep	phone number						
SECTION F		BENEFIT ELECTION		To be completed by MEMBER			
Important information A benefit may be (i) Paid out in cash, or (ii) Reinvested in another approved fund. Benefits from provident funds, like the NFMW, are taxable. The options below have different income tax implications, and it is therefore strongly advised that proper financial advice is obtained before deciding on the disbursement of a benefit.							
Please specify the be	enefit disbursement	below					
	Category A	Category C	Category E	TOTAL			
Benefit in cash Please complete Section G	R	R	R	R			
Re-investment Please complete Section H	R	R	R	R			
TOTAL >	R	R	R	R			
SECTION G		BENEFIT IN CASH		To be completed by MEMBER			
Bank account details	<u> </u>						
Bank name		Branch n	ame				
Account number		Branch c	Branch code				
Account holder name and surname							
Notes: 1. Section 37A(4)(a) of the Pension Funds Act demands that a 3rd Party bank account deposit can only be allowed when proof is submitted confirming that the member is not in a position to open a bank account. 2. Attach proof of bank account hereto, i.e. bank statement with official bank stamp not older than 3 months.							

Member Initials



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SE	CTION H		RE-INVESTMENT	To be completed by ADVISER		
DISTRIBUTION OF BENEFITS			Category A OR E	Category C		
	fund (Discretionary investment)	a. Amount	R	R		
		b. Registered fund name	FUND NAME	FUND NAME		
			FUND NAME	FUND NAME		
		c. Fund/Policy no.	FUND / POLICY No.	FUND / POLICY No.		
2	fund	a. Amount	R	R		
		b. Fund/Product Name	FUND NAME	FUND NAME		
			FUND NAME	FUND NAME		
		c. FSB Fund/Policy no.	FUND / POLICY No.	FUND / POLICY No.		
TOTAL			R	R		
Note: 1. Copies of Fund/Policy application document to be attached.						

SECTION I

DECLARATION

I, the Member, hereby apply for the benefit/s above, to be disbursed in the manner as indicated and confirm that the information provided is true and correct. I furthermore acknowledge that I have read and understand the terms and conditions below, as well as any other important information or notes contained elsewhere in this document. I confirm that I at my own discretion unequivocally agree to all such terms and conditions.

Terms and conditions:

- 1. I take note of the following:
 - $1.1. \hspace{0.5cm} \hbox{It is strongly advisable to obtain the services of a professional financial adviser;} \\$
 - 1.2. Certain benefit disbursement options might have income tax implications;
 - 1.3. The NFMW offers competitive and low cost annuity products on retirement.

