



National Fund for Municipal Workers Divorce Agreement – Claim Form

SECTION A		MEMBER INFORMATION	
Surname			
Full names			
e-Mail address			
ID number			
Membership number/s:			
<input type="checkbox"/> Category A			
<input type="checkbox"/> Category C			
<input type="checkbox"/> Category E			

SECTION B		NON-MEMBER SPOUSE INFORMATION	
Surname			
Full names			
e-Mail address			
ID number			
Postal address			
	Postal Code		
Physical address			
	Postal Code		
Telephone number (Landline)			
Telephone number (Mobile)			
Income tax number			
Date of divorce	D D M M Y Y Y Y		
Annual salary	R		

SECTION C		PAYMENT OPTIONS	
<i>Please note:</i>			
1. Legislation provides for benefits originating from divorce orders to be transferred to other approved funds. This option might offer immediate tax benefits and does not attract income tax at the time of transfer.			
2. For the purposes of a divorce claim, the Pension Funds Act stipulates that the entitlement is based on the value of the member's resignation benefit. Although the NFMW has multiple fund options, the act considers their collective value as a single resignation benefit. This prevents payment options per fund option.			
Please indicate your option below.			
<input type="checkbox"/>	Take <u>full</u> benefit in CASH	Complete Sections D, E and F below	
OR			
<input type="checkbox"/>	TRANSFER the <u>full</u> benefit to an approved fund	Complete Sections E, F and G below	



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SECTION D BANKING DETAILS

Bank name	<input type="text"/>	Branch name	<input type="text"/>
Account number	<input type="text"/>	Branch code	<input type="text"/>

SECTION E DOCUMENTATION ATTACHED

<input type="checkbox"/> Divorce court order	<input type="checkbox"/> Divorce settlement agreement	<input type="checkbox"/> Non-member ID
<input type="checkbox"/> Proof of banking details	<input type="checkbox"/> Proof of residential address	

SECTION F MARRIAGE CONTRACT

<input type="checkbox"/> In community of property
<input type="checkbox"/> Out of community – with accrual
<input type="checkbox"/> Out of community – without accrual

SECTION G INVESTMENT INSTRUCTION

ADVISER INFORMATION

Name and surname	<input type="text"/>
Telephone number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

TRANSFER TO AN APPROVED FUND

Name of financial institution	<input type="text"/>
Name of approved fund	<input type="text"/>
Fund FSCA registration number	<input type="text"/>
Membership reference number	<input type="text"/>

Notes:

- (i) Amounts taken in cash might be taxable. (See tax tables obtainable from SARS)
- (ii) Copies of Fund/Policy application document to be attached.

Signature: Non-member spouse

D	D	M	M	Y	Y	Y	Y
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Signature: Adviser

D	D	M	M	Y	Y	Y	Y
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National Fund for Municipal Workers CONTACT DETAILS

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