



UNCLAIMED BENEFIT FORM



Notification of withdrawal from the unclaimed fund and authorisation to pay Provident Fund Benefits

MEMBER DETAILS

Computer Number:		Levy Number:	
Surname:			
First Name(s):			
Identity Number:			
If not SA resident, Passport No:			
Contact Details:	Cell:	Home:	
	Residential Address:		
			Code:
E-mail Address:			
Date of withdrawal from fund:			
Tax Number:		Tax Office:	

DURATION OF MEMBERSHIP

Date the member joined the fund	
Date the member exited the fund	

EXECUTOR DETAILS (If member deceased)

Surname:			
First Name(s):			
Identity Number:			
If not SA resident, Passport No:			
Contact Numbers	Cell:		
	Home:		
	Work:		

PAYMENT DETAILS

Bank:			
Account Holder Name:			
Account Number:			
Branch Code:			
Branch Name:			
Type:	Savings	Transmission	Current

SUPPORTING DOCUMENTS REQUIRED

Please ensure the following documents are submitted with your claim form:

Please tick relevant column (v)	Yes	No	N/A
Certified copy of member's ID:			
Stamped bank statement:			
Copy of payslip and/or letter from employer confirming employment history			
If the member is deceased, the following will be required:			
Certified copy of the death certificate			
Certified copy of the Executor of the Estate Late ID			
Certified copy of the Estate Late Bank Account			
Certified copy of the letter appointing the Executor of the Estate Late			

EMPLOYER DETAILS			
Computer Number:		Levy Number:	
Name of Employer:			
PERMITTED DEDUCTIONS			
Please indicate which of the following is applicable:	YES	NO	N/A
Are there any divorce orders against the fund in respect of this member?			
Is there a housing loan against the fund in respect of this member?			
Are there any maintenance orders against the fund in respect of this member?			
If you have answered YES to any of the above questions, please provide relevant supporting documentation i.e. court order or signed acknowledgement of debt.			
MEMBER / EXECUTOR AUTHORISATION			
Member / Executor Signature:		Date:	