

CLAIM FORM

COMPLETE WHERE APPLICABLE USING BLOCK LETTERS OR TICK



Scheme Name:	<input type="text"/>		
Employer Name:	<input type="text"/>		
Employer Branch (Name or Number):	<input type="text"/>	Scheme Number:	<input type="text"/>

Member's particulars (please complete in full)

Member's surname:	<input type="text"/>		
Member's first name:	<input type="text"/>		
Social Security Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member's residential address:	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>
Member's postal address:	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>
Telephone numbers at which member can be contacted:	(1) <input type="text"/>	(2) <input type="text"/>	
Cell numbers:	(1) <input type="text"/>	(2) <input type="text"/>	
Member's e-mail address:	<input type="text"/>		
Amount of last contribution:	Member: <input type="text"/>	Employer: <input type="text"/>	

Type of Withdrawal (tick appropriate box)

<input type="checkbox"/> Resignation	<input type="checkbox"/> Retirement	<input type="checkbox"/> Retirement/Redundancy	<input type="checkbox"/> Death
<input type="checkbox"/> Invalidity	<input type="checkbox"/> Emigration	<input type="checkbox"/> Partial Withdrawal	
Is there a divorce court order issued affecting the payment of fund benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide a copy of the divorce order

Indebtedness to employer to be recovered from benefits

The section provides two instances when a fund may deduct amounts from a members' benefits' These are:

1. When the member owes the fund or his employer money for an outstanding housing loan given by the fund or the employer or where the fund or employer provided a guarantee for a having loan taken by the member and the guarantee is enforced.

Payment instruction: Payment and distribution of benefit

1. Full benefit to be transferred to another approved Fund
2. Full benefit to be paid to member
3. Part transfer to another approved Fund and part benefit to member

Complete transfer section below in full
Complete benefit to member section below in full
Complete both the transfer and the benefit to member sections below in full

If the benefit is to be transferred to a Retirement Annuity, Preservation Fund or the new Employer's Retirement Fund, attach a copy of Application Form.

Name of Scheme/Fund:	<input type="text"/>		
Policy/Deposit reference:	<input type="text"/>		
Contact person's name:	<input type="text"/>		
Contact person's telephone:	<input type="text"/>	Cell:	<input type="text"/>
Contact person's e-mail:	<input type="text"/>		

Specify amount/percentage to be transferred

OR

Specify amount/percentage to be taken in cash

If the benefit is to be paid to the member, please ensure that the banking details section below is completed in full.

Payment by cheque Electronic transfer/ direct deposit of funds

Please note:

Ensure that the bank account details supplied are in respect of member's own account.

Account holder's name:

Account number:

Branch code: Account type:

Name of bank:

Name of branch:

Member's signature and discharge

I declare that:
payment of my benefit as specified herein represents the full and final discharge of the Fund's liability to me as set out in the Rules of the Fund;
The details provided herein are true and correct in every way;
I understand the options available to me with regard to the payment of my benefits, including the tax implications and I am making an informed choice;
In event of any loss suffered as a result of any details provided herein being incorrect, neither the Fund nor Kimpton can be held liable for such losses.

Member's signature Date:

Employer's declaration

The employer declares that:
The information contained herein is correct.
It shall indemnify the Fund and Kimpton against any loss, damage, cost and expenses which the beneficiaries and or the Fund may sustain as a result of Kimpton or the Fund relying on the information herein.

Employer's stamp

Authorised signature:

Designation:

Date: