



WITHDRAWAL FORM

MEMBERS PARTICULARS (Please complete in Full)

Member's ID /Passport Number		Employer Name	
Member's First Name		Member's Surname	
Member's residential address			
Member's Postal Address			Code
Member's Contact Number			Code
Alternative Contact Number		Email address	
Last working date at the company		Date of Last Contribution (Exit date)	
Members Tax Reference Number			
* The above income tax details are compulsory			
Reason for Withdrawal			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resignation	Dismissal	Abscondment	Retrenchment/End of Contract
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	Retirement	Section 14 out	
Is there a divorce Court Order issued affecting payment			
Indebtedness to Employer to be recovered from Benefits		R	
<small>(Deductions as per Section 37D of the Pension Fund Act) 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 housing loan taken by the member and the guarantee is enforced.2) in the event of an employer suffering loss due to an employee's theft, dishonesty, fraud, or misconduct, where the employee has admitted liability in writing or a court judgement has been obtained.</small>			
PAYMENT INSTRUCTIONS (mark the appropriate box (x))			
1. Full benefit to be paid to the member		Complete Payment to the member – section A below	
2. Full benefit to be transferred to another fund		Completed transfer – section B below	
3. Part Payment to member and part transfer to another Provident fund		Complete both Sections A and B below	
*Note it is strongly advised that you consult your financial advisor prior to making decisions on your benefit option			
A. PAYMENT TO MEMBER			
<input type="checkbox"/>	Electronic transfer/Direct Deposit of Funds	Attach a copy of ID document and BANK statement	
Account Holders Name		Bank Name	
BANK ACCOUNT NUMBER		Branch Code and Name	
<ul style="list-style-type: none"> Failure to complete the above in full may result in a delay in settlement of this claim. Ensure that the bank account details supplied are in respect of the member's own account. 			
B. TRANSFER OF FUNDS			
Name of Fund			
FSB Registration Number			
SARS Approval Number			
Funds Contact Details		+27	
Banking details to be used if the benefit is to be transferred			
Bank Name		Branch Number	
<ul style="list-style-type: none"> Failure to complete the above in full may result in a delay in settlement of this claim. 			
Members Signature and Disclosure: I hereby confirm that:			
<ul style="list-style-type: none"> I understand the options available to me with regard to the payment of my benefits, including the inherent tax implications and that I am making an informed choice. In the event of any loss suffered as a result of any details provided herein being incorrect, me either the fund or WSM can be held liable for any such losses. The details provided herein in particular my banking details are true and correct in every way and is reflecting the banking details in which my last salary was transferred to Payment of my benefit as specific herein represents the full and final discharge of the fund's liability to me. 			
Date: _____		Member's Signature: _____	
Employers Declaration:			
It is hereby confirmed and warranted that the information contained herein is correct. The Employer hereby unconditionally absolves the Fund and WSM and as necessary indemnifies and keeps indemnified the fund and WSM from and against any loss, damage, costs and expenses which the beneficiaries, or any other person whatsoever, may sustain or incur, either directly or indirectly a result of WSM, on behalf of the Fund, relying on and using any information supplied by the Employer, specifically where the Employer has failed to obtain the beneficiary's signature on this notification.			

Employers Signature:

Name and designation: _____

Date: _____

Employer's Stamp

