

**KELLY GROUP FLEXIBLE PROVIDENT FUND
Notification of Retirement**



FOR INTERNAL USE:			
Co. Code	<input type="text"/>	Branch Code	<input type="text"/>
Assignee no.	<input type="text"/>	Consultant	<input type="text"/>
Branch Manager Signature	<input type="text"/>		

To be completed in the event of retirement of a member of the Fund.

Details of Member

First Names	<input type="text"/>		Surname	<input type="text"/>	
Identity Number	<input type="text"/>		Date of Birth	<input type="text"/>	
Date of Retirement	<input type="text"/>		Date of last contribution	<input type="text"/>	
Reason for Retirement	Normal	<input type="text"/>	Early	<input type="text"/>	Ill-health
					Late
Postal Address:	<input type="text"/>				Code
Contact no's.	<input type="text"/>				

Supporting documentation

Please supply original copies of the following documents in all instances:

- Identity document of member Form D
- If an annuity is to be purchased: copy of annuity proposal form, marriage certificate #, identity document of spouse #
- Recent passport size photograph (if a pensioner's card is required)
- # To be supplied only where a spouse's pension or joint pension is purchased.

Instructions Regarding Provident Funds

The total retirement capital may be taken in cash. The Rules of the Fund allow all or part of the capital may be used to by a compulsory annuity.

Instructions:

a) Amount to be taken in cash: Total	<input type="text"/>	OR Specify lesser amount	R <input type="text"/>
b) Amount to be used to buy an annuity: Total	<input type="text"/>	OR Balance after cash payment	<input type="text"/>

Member's Taxation Details

Income Tax No	<input type="text"/>	Revenue Office	<input type="text"/>
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Banking Account Details for Cash Payments

I understand that all cheques issued by the Fund are marked "Not Transferable", "Not Negotiable" and, as such, must be paid into the member's banking account. I hereby authorise the above mentioned scheme to credit the account at the following bank:

Name of Account Holder	<input type="text"/>		
Name of Banking Institution	<input type="text"/>		
Account Number	<input type="text"/>	Branch Code	<input type="text"/>
Branch	<input type="text"/>	Amount Type	<input type="text"/>

Authorisation and Discharge

We hereby certify that the above information is true and correct in every detail and that Hollard Life is hereby authorised to make payment as stated above. We agree that payment either by crossed cheque or Electronic Fund Transfer shall constitute good and effectual settlement and shall be full and final discharge to Hollard Life and/or the Fund, of its liability in terms of the Rules of the Fund. We Indemnify Hollard Life and the Fund if payment is made by crossed cheque and the cheque is stolen.

Member's Signature	<input type="text"/>	Date	<input type="text"/>
Signature of Employer representative	<input type="text"/>	Date	<input type="text"/>
Full Name	<input type="text"/>	Designation	<input type="text"/>

This form is only valid if signed by a representative of the Employer