



Received date: \_\_\_\_\_

**TWO-POT SAVINGS WITHDRAWAL FORM**

Please complete **ALL FIELDS** and attach a **copy of ID plus proof of bank details**.  
Incomplete withdrawal forms and forms without supporting documents **CANNOT** be processed.

Please request a standard withdrawal form if you are retiring.

<b>REASON FOR WITHDRAWAL</b>	<b>Access to Savings Pot</b>
<b>WITHDRAWAL SUM REQUESTED</b>	

**MEMBER DETAILS**

SURNAME		INITIALS	
FIRST NAME/S			
IDENTITY NUMBER			
TAX PAYER NUMBER			
PHYSICAL ADDRESS		POSTAL ADDRESS	
CONTACT NUMBER/S			
EMAIL ADDRESS			

**EMPLOYMENT DETAILS**

EMPLOYER		EMPLOYEE NUMBER	
I am still employed with this Employer	Yes	No	

**PAYMENT DETAILS**

Account holder name	
Bank name	
Account number	

**DECLARATION**

By my signature below, I certify that:

- all information provided herein is true and correct in every respect.
- I understand and accept that I will pay tax on this withdrawal at income tax rates.
- I understand and accept that if I have an outstanding tax liability to SARS, that SARS may direct Penpro to settle the liability prior to paying out the remaining balance to me.
- I understand and accept that I will pay an administrative processing fee of R200 (incl) on this withdrawal.

\_\_\_\_\_  
**MEMBER SIGNATURE**

\_\_\_\_\_  
**DATE**

Approved / Rejected	
Approved value	
Reason for rejection	