



Received date: _____

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.

REASON FOR WITHDRAWAL

Mark with an X in the applicable box.

TERMINATION				RETIREMENT	UNCLAIMED / PAID-UP
RETRENCHED		RESIGNED		DISMISSED	

MEMBER DETAILS

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

EMPLOYMENT DETAILS *A Member may not withdraw while still employed with the same Employer*

EMPLOYER		EMPLOYEE NUMBER	
LAST WORKING DAY		LAST CONTRIBUTION	

BENEFIT OPTIONS

CASH WITHDRAWAL		Account holder name	
	Percentage of benefits	Bank name	
		Account number	
TRANSFER TO ANOTHER FUND		FSCA number (receiving fund)	
	Percentage of benefits	Insurer number (retirement)	
		Financial advisor name and number	
LEAVE INVESTED (PAID-UP)		Leave in existing portfolio	
		Contact me to discuss investment	

DECLARATION

By my signature below, I certify that all information provided herein is true and correct in every respect. I understand that if I have an outstanding tax liability to SARS, SARS may direct Penpro to settle the liability prior to paying out the remaining balance to me.

MEMBER SIGNATURE

EMPLOYER SIGNATURE

EMPLOYER STAMP
