



**RFLAUN**

Retirement Fund for Local Authorities  
and Utility Services in Namibia

Income Tax Ref. No.12/1/12/187 Registration No 25/7/7/107

## DISABILITY MEMBER TERMINATION OF DISABILITY INCOME CONSENT FORM

As a current member of the Retirement Fund for Local Authorities and Utility Services in Namibia, I hereby acknowledge the fact that an option is now being afforded to me to **terminate my monthly disability income benefit** and to opt for an **Early Retirement benefit**, with effect from \_\_\_\_\_.

### 1. PERSONAL DETAILS

Surname : \_\_\_\_\_ Initials : \_\_\_\_\_

Name : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

### 2. TERMINATION OF DISABILITY INCOME BENEFIT

I hereby **approve the termination** of my monthly disability income benefit and opt for the Early Retirement benefit. I **clearly understood** that I will forfeit all my other existing reinsurance benefits (death, funeral and dread disease benefits) and I clearly understood the loss of any further retirement contributions and investment returns that I would have earned, should I have remained a disability member of the Fund until the Normal Retirement Age of 60. I further have been informed of the value of my retirement benefit and the future value of my monthly pension.

I fully indemnifies the Retirement Fund for Local Authorities and Utility Services in Namibia against the consequences of the above decision to terminate my monthly disability income benefit.

### 3. NOTES

- Please tick "X" the above box submit your completed option form to the HR office;
- I understand the decision I'm making above and the implications of my choice and that I have been provided with sufficient information in order to make an informed decision;  
and
- I further indemnify the Trustees, Principal Officers of the Retirement Fund for Local Authorities and Utility Services in Namibia against any claim whatsoever, arising from my choice in this regard.

\_\_\_\_\_  
Signature Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Witness

\_\_\_\_\_  
Date