



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