



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

NOTIFICATION OF WITHDRAWAL

TO BE COMPLETED BY MEMBER USING BLOCK LETTERS OR TICK [✓] WHERE APPLICABLE.

A MEMBER DETAILS

Employer / Cost Centre			
Title, Initials, Surname	Title	Initials	Surname
First Name			DD/MM/YYYY
Identity number	ID	Other: Passport No	
Income Tax Number		Revenue Office	
Address	Postal address	Residential address	e-mail address
Date on which employment terminated	DD/MM/YYYY	Note: Membership terminates at the end of the month in which employment terminates. Processing of the claim takes 4 to 6 weeks after membership terminates provided that tax returns are up to date and all the relevant forms and information have been submitted.	
Housing Loan	Outstanding housing loan granted by the fund or in terms of a pension backed housing loan scheme.	No	Yes If yes, please complete: Name of Bank: FNB/SBN Housing Loan Account No:
Period of membership	From: DD/MM/YYYY	To: DD/MM/YYYY	

B BENEFIT CHOICE

Note: If no indication regarding the benefit choice is provided within 6 months from the date of termination of membership, the benefit will be treated as a cash withdrawal benefit, tax deducted and paid over to the Receiver of Revenue.

Cash benefit	Note: Any amount taken in cash is taxable. Any amount due in terms of housing loan collateral or a housing loan granted in terms of a Pension Fund backed housing loan scheme is an encashment and taxable.		
	Full amount	Partial cash amount of	N\$ before tax deduction
			after tax deduction
plus transfer of balance of benefit to approved Fund as indicated on page 2.			
Transfer to approved Fund	Note: In terms of the rules of the Fund, transfer is allowed only to an approved Pension Fund, approved Preservation Pension Fund approved Provident Fund, approved Preservation Provident Fund or to an approved Retirement Annuity Fund.		
	Full amount transferred as indicated on page 2	Partial transfer amount of	N\$
	with balance of benefit paid out in cash.		
Deferred Benefit	The member's benefit remains in the fund until retirement age or death if earlier. The member may request that the benefit be paid out at an earlier date. A beneficiary nomination form must also be provided.		

Initials

C PAYMENT OF CASH BENEFIT

Electronic transfer	Bank account name				
	Bank name				
	Bank branch name and code	Branch name	Branch code		
	Note: Payment to third party accounts or joint accounts is prohibited.				
	Bank account number*				
		*for NamPost Savings Bank account: unique serial number (USN)			
Type of account	Cheque / savings / other	Joint account	Yes	No	
Declaration by Bank Official: I, _____ (Bank Official's initials and surname) guarantee that the above banking details are those of the above stated person and have been verified to be factually true and correct.					
Bank Official's signature	Date: DD / MM / YYYY		BANK STAMP		

D TRANSFER TO ANOTHER APPROVED FUND

The transfer as instructed will be in accordance with the stipulations of the Income Tax Act. In terms of section 16(1)(z) of the Income Tax Act (Act 24 of 1981) only a transfer of retirement fund capital to an approved retirement, pension, provident or preservation fund registered in Namibia under the Pension Funds Act (Act 24 of 1956) is exempt from tax.

1 TRANSFEROR FUND - AMOUNT TO BE TRANSFERRED

i)	Preservation benefit	N\$
Note: Amounts indicated are per quotations provided by the transferring fund's administrator and are subject to change upon finalisation of the benefit. Any tax implications have not been taken into consideration at this point.		
The transferor fund is an approved Pension Fund		
Signed on behalf of the transferor fund	Date: DD / MM / YYYY	OFFICIAL STAMP OF THE TRANSFEROR FUND
Initials & Surname:		

2 DETAILS OF TRANSFEREE FUND (to be completed by the Broker and / or receiving fund's Administrator)

The transferee fund is an approved	Pension Fund	Provident Fund	Retirement Annuity Fund
	Preservation Pension Fund		Preservation Provident Fund
Registered Name of Fund			
Fund Tax approval number	12/1/12/ Note: tax approval number must match bank account of transferee fund		
Fund's Bank Account name			
Fund's Bank Account number			
Fund's Bank name			
Fund's Bank Branch name / bank code	Branch name	Branch code	

Initials	
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Fund account type	Cheque / savings / other	
Reference for transferee fund's bank statement	Policy number / name / ID	
Details of contact person or Broker (if any)	Initials & Surname Tel no / Fax no / Cell no / e-mail address	
Signature of Broker (if any)		Date: DD / MM / YYYY
Declaration by Transferee Fund:	The transferee fund herewith confirms that as soon as payment has been made by the transferor fund into the above bank account, the amount received will be invested strictly as set out above and the transaction is not reversible.	

E DECLARATION BY MEMBER

1. I declare that the above reflects my benefit payment choice and I understand that it is not reversible.		
2. I acknowledge that I am not permitted to withdraw from membership should I join another Participating Employer within a month from date of my termination.		
I will be joining another Participating Employer of the Retirement Fund for Local Authorities and Utility Services in Namibia within a month from the date of my termination	Yes	No
(If Yes, please provide details of new Participating Employer to be joined)		

- I instruct the Fund to make payment of my cash benefit to the above bank account and absolve the Fund of any further liability in respect of this benefit once it has been paid as instructed and I understand that it is not reversible;
- I declare that the banking details contained in this document are my own and that all information contained in this document has been verified to be factually true and correct.

Member signature

Date: DD / MM / YYYY