



MWAVULI PENSION FUND

BENEFITS CLAIM FORM

Member's full name:

Permanent address :.....

Email address:.....

Telephone Number / cell phone:.....

Member Number:.....

National ID Number:

TO: The Trustees
Mwavuli Pension Fund

Dear Sir,

Please treat the **employee portion** of my retirement benefits on my leaving Mwavuli Pension Fund as follows:

I wish to choose one of the following options for my retirement benefits (**Please tick one only**):

1. Take my full employee portion of my retirement benefits now (less any taxes, as applicable).
2. Transfer my full employee portion of my retirement benefits to another occupational Scheme as specified by me.

Name of the Scheme _____

3. Transfer my full employee portion of my retirement benefits to an individual retirement benefits scheme as specified by me.

Name of the Scheme _____

Please treat the **employer portion** of my retirement benefits on my leaving Mwavuli Pension Fund.

I wish to choose one of the following options for my retirement benefits **(Please tick one only)**:

1. Take% (maximum fifty percent(50%)) of my employer portion.
2. Transfer the full or the remaining 50% of employer portion of my retirement benefits to another scheme.

Name of the Scheme_____

3. Take my full employer portion of my retirement benefits now (less any taxes as applicable)

(Option 3 is only applicable to members who have attained retirement age of at least 50 years or to permanent immigrants)

Kindly attach a copy of your National ID / Valid Passport for payment processing.

Bank Account Details of the Member to which the member wants the benefits be paid into (if receiving payments)

Bank:.....

Branch:.....

Branch Code:.....

Account Name:.....

Account Number:.....

Signed:..... **Date:**.....

Witness:**Signature**.....