



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:**