

UNCLAIMED BENEFIT CLAIM FORM

FUND NAME: _____



All fields are mandatory. Please complete using block letters or tick [✓]

A - MEMBER DETAILS

Former Employer		Cost Centre	
Title & Surname		Company Ref. No	
First Name & Initials		Date of Birth	
Identity number			
Income Tax Number		Revenue	
Postal address			
Contact number(s)			

B – FUND EXIT & PAYMENT DETAILS

Date of Termination of Service			
Type of payment desired	(a) Cash		(b) Transfer to approved Fund
(a) Cash payment	Electronic banking transfer	A duly originally signed and stamped verification of bank details form must be provided.	
(b) Transfer to approved fund	Name of Fund		
	Contact person and address		

*Please only enquire two (2) months after the date of submission on the status of your claim with the Principal Officer.

C – PERSONAL DECLARATION

<ul style="list-style-type: none"> I hereby warrant and declare that the information given is to the best of my knowledge correct; that this claim is subject to current Income Tax legislation; that it may be necessary to obtain a tax deduction directive from Inland Revenue and that this may delay the payment to me; that this claim is in full and final settlement of all amounts due to me under the above-mentioned Fund.

NB! An original certified copy of claimant's ID or passport is to accompany this claim form

MEMBER'S SIGNATURE

DATE

AUTHORISED (FUND) SIGNATURE

DATE

RETIREMENT FUND'S STAMP

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A 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. MEMBER DETAILS

Title, Initials, Surname	Title	Initials	Surname	
First Name			Date of Birth	DD / MM / YYYY
Identity number	New: Namibian ID		Old: Namibian ID	Passport No
Income Tax number			Revenue Office	
Period of membership	From: DD / MM / YYYY		To: DD / MM / YYYY	

2. 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 / Provident Fund / Preservation Fund / Retirement Annuity Fund			
Signed on behalf of the transferor fund		Date: DD / MM / YYYY	OFFICIAL STAMP OF THE TRANSFEROR FUND
Initials & Surname:			

3. 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			
Namfisa approval number		Tax number of Fund	
Fund's Bank Account name			
Fund's Bank Account number			
Fund's Bank name			
Fund account type	Cheque / savings / other		
Reference	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.		
Signed on behalf of the Transferee fund		Date: DD / MM / YYYY	OFFICIAL STAMP OF THE TRANSFEREE FUND
Initials & Surname			

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4. DECLARATION BY MEMBER

I understand that the transfer of the value of my retirement benefit may not be made unless this form has been duly completed, signed and witnessed and received by the Transferor Fund and the 60-day transfer period specified in Sect 262(6) of the Act will not commence until the Transferor Fund has received this form duly completed, signed and witnessed, and that, further, the value of my retirement benefit will be credited with such rate of interest as specified by the rules of the Transferor Fund during the period prior to the expiration of the aforesaid 60-day period and that the rate of interest applicable following the expiration of the 60-day period will be determined according to Regulation R.F.R.5.7. I also understand that the proper completion of this form and its receipt by the Transferor Fund may not be sufficient in and of itself to permit the complete and accurate determination of the dollar amount of the value of my retirement benefit specifically, payment can only be made if my tax returns are up to date.

Signed at _____ on this ____ day of _____ 20____, in the presence of the undersigned witness:

Member

Witness

Initials & surname of witness