

MEMBER – CHANGE IN EMPLOYER



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taking care of our own

MEMBER DETAILS (VERY IMPORTANT)

Member number	<input type="text"/>
Employee number	<input type="text"/>
Identity/Passport number	<input type="text"/>
First name/s	<input type="text"/>
Surname	<input type="text"/>
Physical address	<input type="text"/>
	<input type="text"/>
Postal address	<input type="text"/> Postal code <input type="text"/>
	<input type="text"/>
	<input type="text"/> Postal code <input type="text"/>
Telephone number (h)	<input type="text"/>
Telephone number (w)	<input type="text"/>
Cell phone number	<input type="text"/>
Email address	<input type="text"/>

TERMINATION REQUEST

Employer name	<input type="text"/>
Employer number	<input type="text"/>
Termination date	<input type="text"/> 01/MM/YYYY

Authorised Payroll/HR signatory Date
DD/MM/YYYY

TRANSFER TO

Employer number	<input type="text"/>
Employer name	<input type="text"/>
Joining date	<input type="text"/> DD/MM/YYYY
Member's salary	R <input type="text"/>

Authorised Payroll/HR signatory Date
DD/MM/YYYY

Designation of person signing

Transfer to continued on page 2

TRANSFER TO (CONTINUED)

Please note:

Should the member have a break between the termination date and transfer date:

- **more than 30 days** - a declaration of health form needs to be completed
- **more than 90 days** - an application for membership form (dated and signed) is required
- member must remain on the current option until the end of the year.

Signature of member

Date

DD/MM/YYYY

Disclaimer: I/We hereby authorise the Scheme and/or its duly authorised service providers to obtain from any person any necessary information, which relates to any aspect of Scheme memberships of me and my dependants.