RETIREMENT NOTIFICATION FORM

FAIRHEADS
Financial Services

FUND NAME:_____

MEMBER DATA

Surname:_____ First Name:_____

Date Of Birth: _____ Gender:_____

Identity No:_____Contact No:_____
Date Joined Fund:_____Next of kin_____
Next of kin contacts _____

EXIT DETAILS

Date of Retirement:_____Amount transferred in: _____

Source of Transfer In (Previous Fund name) _____

Current Tax Year Paid Salary P_____ (if applicable)
Current Year Tax Paid P_____

Type of Retirement: ☐Normal ☐Ill health ☐Voluntary early

Please attach the following:
1. Certified copy of ID
2. Marriage Certificate (if applicable)
3. Spouse ID (if applicable)
4. KYC information (Proof of Residence)
5. Confirmation of bank account (latest stamped bank statement of confirmation letter from the bank)

MEMBER BANK DETAILS

Account Name_____ Account No. _____
Bank Name _____ Branch Name _____
Branch Code _____

Member Signature: _____ Date:_____