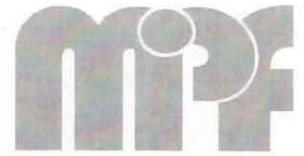


BN 1 FORM

ADVICE OF WITHDRAWAL OF MEMBER

(Please complete in all spaces)



Mining Industry Pension Fund
"Cares for your future"

DATE:.....

NAME OF EMPLOYER:.....EMPLOYEE NUMBER:.....

NAME OF EMPLOYEE MEMBER:..... IDENTITY NUMBER:.....

MEMBER NUMBER:..... R/S NUMBER:.....

DATE OF TERMINATION:..... REASON FOR TERMINATION:.....

NAME OF CLAIMANT(In case of death):..... RELATIONSHIP:.....

LAST THREE MONTHS OF CONTRIBUTIONS

MONTH	ER CONTRIBUTIONS	EE CONTRIBUTIONS	SALARY / WAGE

BANK DETAILS:

NAME OF BANK	BRANCH NAME	ACCOUNT NAME	ACCOUNT NUMBER

CONTACT DETAILS:

ADDRESS TO WHICH PAYMENT SHOULD BE SENT:
.....
.....
.....
.....
.....
Member's phone number:.....
E-mail address:.....

MEMBER'S FUTURE ADDRESS
.....
.....
.....
.....
.....
.....

ARE YOU EMIGRATING? YES NO If the answer is yes please attach Exchange Control Approval Requirements

DEATH CLAIM

- Death Certificate
- Spouse's National Registration Card and proof of marriage
- Children's Birth Certificates

RETRENCHMENT CLAIM

- Letter of Approval from NEC or
- Letter of Approval from Retrenchment Board or
- Works Council Minutes

ILL-HEALTH CLAIM

- A Medical Report from a registered medical practitioner and a recommendation from employer

Is Retrenchment Voluntary. Please tick : Yes No

NB: Please always attach a copy of member's National Identity Card and Last Payslip showing year to date figures.

SIGNATURE OF EMPLOYER:.....

SIGNATURE OF EMPLOYEE:.....

Employer Stamp

MIPF Stamp (for MIPF use only)