



DESTINY PRESERVATION FUND WITHDRAWAL FORM

1. MEMBER DETAILS

- a) Full name.....
- b) Contract number.....
- c) ID number..... d) Contact tel. no.....
- e) Postal address.....
- f) E-mail address.....
- g) Date of withdrawal / retrenchment / retirement / death.....
- h) Date joined fund.....
- j) Income tax number.....
- k) Monthly taxable income at date of exit.....

* Delete/highlight as appropriate

2. PRODUCT

Destiny Preservation Provident Fund <input type="checkbox"/>	Destiny Preservation Pension Fund <input type="checkbox"/>
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3. WITHDRAWAL OPTIONS

Full Withdrawal <input type="checkbox"/>	Partial Withdrawal <input type="checkbox"/>	Retirement/Death/Disability <input type="checkbox"/>
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a) If this is a partial withdrawal then complete the section hereunder:

Gross Lump Sum Withdrawal (prior to applying tax):

R , %

b) Other Instructions:

4. PAYMENT DETAILS

Complete banking details if payment is to be made directly into bank account:

Name of Accountholder
Name of Bank
Branch
Branch Code
Account No.
Account Type

Signature of Accountholder _____

5. DECLARATION

Upon payment in terms of the above instructions, the Fund shall have no further liabilities in respect of the member:

Member's signature Date

PLEASE REMIT TO: GIB Employee Benefits
P.O. BOX 3211, HOUGHTON, 2041; or
1st Floor Houghton Place, 51 West St. Houghton
FAX: (011) 728-4426 / TEL: (011) 483-1212

