



MUNICIPAL EMPLOYEES PENSION FUND TERMINATION OF SERVICE FORM

Surname:		Identity Number:	
First Names		Local Authority:	
Pension Number:		Job Designation:	
Tax Number:		Employee Number:	

Tax office to which last return was rendered _____

Date of termination of service:

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Reason for termination of service: _____

Last working day:

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Final contributions deducted from his/her salary and enclosed/will be enclosed on our monthly return for:

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Contributions deducted from final salary: R

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Annual pensionable emoluments on date of termination of service: R

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Member's Postal Address at time of termination of service:	Member's Residential Address:

Member's Contact Details: _____

Banking Details:

Bank: _____ Branch Code: _____

Account Number: _____

I hereby declare that, to my knowledge, the above is true and accurate.

Member's Initials and Surname: _____

Member's Signature: _____

Authorized official to sign this Termination Form:

Initials and Surname: _____

Designation: _____

Signed: _____ Date: _____

Official Stamp Local Authority