



TERMINATION FORM

TO BE COMPLETED BY AN AUTHORISED OFFICIAL OF THE COMPANY AND SENT TO MOTOR INDUSTRY PENSION FUND, 77 CENTRAL AVENUE HARARE, P.O. BOX A1018 AVONDALE, HARARE (Tel: 024-2764264/2705595 📞 0775 015 555) OR 48A JOSIAH TONGOGARA BULAWAYO (Tel: 029-2888083)

PART I – THIS PART MUST ALWAYS BE COMPLETED

COMPANY NAME

SURNAME (MR/MRS/MISS) FIRST NAMES

NATIONAL I.D. NO. DATE OF BIRTH

MARITAL STATUS SEX

TERMINATION DATE

REASON FOR LEAVING SERVICE (MARK "X" IN APPROPRIATE BOX)

RETIREMENT	<input type="checkbox"/>	WITHDRAWAL / RESIGNATION	<input type="checkbox"/>
RETRENCHMENT	<input type="checkbox"/>	DISMISSAL	<input type="checkbox"/>
ILL- HEALTH RETIREMENT	<input type="checkbox"/>	DEATH	<input type="checkbox"/>

ANNUAL PENSIONABLE SALARY AT TERMINATION DATE

To allow payment to be made the beneficiary must provide us with his/her Bank/Building Society account details. If he /she does not possess such account, we suggest that he/she opens one and forward to us the details immediately.

PART II – PAYMENT DETAILS

a) TELEPHONE NUMBER

b) BANK/BUILDING SOCIETY NAME

c) ACCOUNT NUMBER AND BRANCH NAME

d) POSTAL ADDRESS TO WHICH CORRESPONDENCE MUST BE SENT

e) EMAIL ADDRESS

f) **NEXT OF KIN:** SURNAME FIRST NAME

PHONE# ADDRESS

PART III – MEMBER'S OPTIONS

A) TO BE COMPLETED ON RESIGNATION/DISMISSAL - MARK "X" IN BOXES FOR CHOSEN OPTIONS

1) To transfer Full Benefits to Motor Industry Preservation Fund ☐ or other Preservation Fund(specify)

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2) To transfer additional award/ employer contributions above the set limits (if applicable) into Motor Industry Preservation Fund ☐

Attach proof of age (Certified copies of National Registration Certificate/Passport, last month pay slip).

****If not specified within 30 days the Preservation amount will be automatically transferred to Motor Industry Preservation Fund.**

MOTOR INDUSTRY PRESERVATION FUND WILL INVEST YOUR EMPLOYER CONTRIBUTIONS IN TERMS OF PENSION REGULATIONS AND PAY YOU UPON ATTAINMENT OF THE AGE 55 OR DEATH WHICH EVER COMES FIRST.

B) TO BE COMPLETED ON RETIREMENT/RETRENCHMENT

☐ To commute a maximum of one-third of the pension for cash

Attach the following documents:

1. **Proof of age (Certified copies of National Registration Certificate/Passport, last month pay slip).**

C) TO BE COMPLETED ON DEATH

Details of Spouse/s. Dependants, Beneficiaries to whom pension lump sum and excess death benefits are payable.

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>RELATIONSHIP</u>
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.....
.....
.....

Name and Address of Guardian (where dependents/nominated beneficiary are under the age of eighteen (18) years).

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Attach the following documents:

1. Original Certificate of Death.
2. Certified copies of proof of age of Spouse and Dependant children (under the age of 18 or below 21 but still going to school with a stamped school or college letter for confirmation where applicable).
3. Certified copies of proof of marriage (where applicable) or three affidavits accompanied by certified copies of national identity particulars to confirm marriage.
4. Last month's pay slip.

DECLARATION

I/We the undersigned hereby declare:

- i. That the person named on this claim form is/was in fact a legitimate and contributing member of the FUND.
- ii. That the information provided herein by me/us and required of me/us of this application is both correct and accurate, in that it relates to the above member.
- iii. That the dependant(s)/beneficiary (ies) mentioned herein is/are still alive.
- iv. That the options as selected herein are clear and that I/we understand that once selected they are irrevocable.
- v. That the payment of the proceeds due in respect of this claim shall represent the full and final discharge of Motor Industry Pension Fund's liability in respect of the member .

MEMBER'S SIGNATURE

(WHERE APPLICABLE)

EMPLOYER REPRESENTATIVE SIGNATURE

(COMPANY AUTHORISED SIGNATORY)

CAPACITY:

DATE:

**EMPLOYER
OFFICIAL
COMPANY
STAMP**