Government Employees Pension Fund (GEPF)

CHOICE FORM			RCE	4	(d. 8)		ì																									
INTEREST DCF Call Centre : 0800 117 669								STAMP												BAR CODE												
E-mail : enq																																
WebSite : ww																																
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A ONCE OFF CHOICE MUST BE MADE BETWEEN OPTION A AND B. THE CHOICE MADE IS IRREVOCABLE																																
Option A - Payment to be made to the non-member spouse's own account (Complete Section A, B, C and G(A)															(A))																
Option	B - I	Paym	ient t	o be t	trans	sfer	red t	o a	n aı	ppro	ove	ed e	xterı	nal	fund	(Co	mp	lete	e s	ect	ior	n A	, B	, D,	F	and	d G	i(A	+ 1	B))		
A) PERSONAL DE	TAI																															
1. Pension Numbe	r _									2	. S	Sala	ry N	ο. [3	3. T	itle	•			
4. Surname																																
5. First Name(s)																																
6. Maiden Name																																
ID No./Passpor No.	t [8	. D	ate	of	Bir	th									
B) PERSONAL PARTICULARS OF NON-MEMBER SPOUSE (EX-SPOUSE)																																
1. Title											2	. Ir	nitial	s [3	. G	end	der		M	F	
4. Surname																																
5. First Name (s)																																
6. Maiden Name																																
7. Date of Birth									8.	. ID	No) / I	Pass	oor	t No.																	
9. Income Tax No			\neg	$\neg \neg$		\neg									10). D	ate	of M	1ar	riac	је							Ì				
9. Income Tax No 10. Date of Marriage 11. Date of Divorce																																
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12. Postal Address	3												1	3.	Resid					ivor	ce	[İ	İ	Ì	İ		
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14. Tell No				Posta	al Co	ode							1 [3.			al A		ess	ivor				P	rost	cal (Coc	le				
				Posta	al Co	ode [1	3.			al A	ddro	ess	ivor				P	rost	Tal (Coc	de				
14. Tell No 16. Email Address C) BANKING DET		S OF	NON					J						3.			al A	ddro	ess	ivor				P	rost	cal (Cocc	de				
14. Tell No 16. Email Address		SOF	NON					J						3.			al A	115.	Ce	of	0 [Cheq	ue	P		ral (Savir	gs [
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For Official Use

D) PARTICULARS ()F EXT	ERN	IAL	FUN	ID																								
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2. Underwriter Name			Ī																			Ī	Ī	Ī					
3. SARS Registration	Numbe	er of	Fun	ıd	12/	8					T									•									
4. Fund Registration	Numbe	r at I	FSB	18	/20/	4]						
5. Policy reference Nu	ımber /	of Cli	ient	:]						
6. Account Holder																													
7. Bank Name			\Box																										
8. Branch Code			\Box						9.	Тур	pe o	f Ac	coui	nt:	Che	que		Tra	ansm	nissior	1	S	aving	js					
10. Branch Name			\Box																										
11. Account Number																													
E) PLEASE TAKE N	OTE O	F TH	IE F	OLL	owi	NG	IMF	OR	ΓAΝΊ	ΓΙΝ	IFOI	RMA	TIC)N															
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C) CERTIFICATION			<u></u>	MP =					:DO:	ICT.			_	_								_			_	_	_		
G) CERTIFICATION A: I the undersigned, on this form are fully informed of choice.	decla true a	re t	hat	: all	part and	icul tha	ars	furi have	nishe e bee	ed en	B I t t	he his nen	und form nber ce (m a r oʻ (inc	are f th	tru ie (ling	e a conc g se	nd dition	cor ons	rec an E of	t ar d i	nd t mpl	hat lica	: I ii	nfoi 15 c	rme of h	ed t	he or l	
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PLEASE ATTACH 1	HE FO	LLO	WI	NG [DOCL	JME	NTS	5:																					

- 1. Certified ID copy not older than 6 months.
- 2. Tax number (proof from SARS)