



7 Disa Road
Private Bag X36
KEMPTON PARK, 1620
Tel (011) 578-5333
Fax (011) 578-5300
e-mail: pension@mepf.co.za

PARTIAL WITHDRAWAL (TWO-POT CLAIM FORM)

Surname:	<input type="text"/>	Identity Number:	<input type="text"/>
First Names:	<input type="text"/>	Local Authority:	<input type="text"/>
Pension Number:	<input type="text"/>	Job Designation	<input type="text"/>
Tax Number:	<input type="text"/>	Employee Number:	<input type="text"/>

Amount being withdrawn:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NB: The minimum amount that can be withdrawn is R 2 000 and the maximum amount is R 30 000 for the 2025 tax year (Subject to available balance on your Savings Pot and one withdrawal Benefit per tax year.)

Pending Divorce Claim:

<input type="text" value="Y"/>	<input type="text" value="N"/>
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If yes, please provide date of Divorce/Details: _____

Member's Residential Address
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Member's Telephone Number: _____

Alternative Number: _____

Member's E-mail Address: _____

BANK ACCOUNT DETAILS:

Name of the account holder: _____

Bank Name: _____

Account Type: _____

Account number: _____

Branch code: _____



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DECLARATION BY MEMBER:

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

I further declare that I understand and agree that the withdrawal is made voluntarily without coercion and that the implications have been explained to me. I also acknowledge that:

1. The withdrawal is made in terms of the Pension Funds Act as amended as well as the rules of the MEPF.
2. I can only make a single withdrawal in a year.
3. I understand fully the implications of this withdrawal on my benefits, in particular the impact on the fund credit and years of service as they will apply to my final withdrawal amount.
4. The Fund may charge an administration fee.
5. The withdrawal is subject to applicable tax deduction specified by SARS.

Member's Initials and Surname: _____

Member's Signature: _____ Date _____

Completed claim form should be forwarded to pension@mepf.co.za together with the following:

- Certified ID copy,
- Bank Statement and
- Tax Confirmation Letter

NB: Members at retirement age (55 years and above) will first need to make an election with the Fund.