



Application for fund closure by beneficiary

Notes:

- The application form is to be completed by the beneficiary to close the Fund account.
- The original application form and supporting documents must be posted/mailed/handed in at Physical address: Futura, 7th Floor, Sunbel Building, 2 Old Paarl Road, BELLVILLE, 7530 Postal Address: PO BOX 2853, BELLVILLE, 7535
- The beneficiary and guardian must sign and complete the date on the application form. If the beneficiary or guardian is unable to sign, a thumbprint will suffice if certified by a Commissioner of Oaths.
- Do you need any investment advice? YES NO

Please indicate payment type:

Take benefit in cash

Remain invested with a monthly income

SECTION A: Personal particulars of deceased

Membership number:			
Date of birth:		Date of death:	
Full names and surname:			
ID number:		Passport number:	

SECTION B: Personal particulars of applicant (beneficiary)

Title:		Date of birth:	
Full names and surname:			
ID number:			
Contact number(s):	Home:		Cell:
E-mail address:			
Home address:		Postal address:	
Complete:	Studying:	Working:	Unemployed:

SECTION C: Banking details of applicant (beneficiary)

Bank:		Branch code:	
Account number:		Account type:	

SECTION D: Personal particulars of guardian

Title:		Date of birth:	
Full names and surname:			
ID number:			
Contact number(s):	Home:		Cell:
E-mail address:			
Home address:		Postal address:	

SECTION E: Documents to be submitted with the application**Attached**

		Attached	
1	A signed letter from beneficiary requesting the closure of his/her Fund account	YES	NO
2	Original bank statement of beneficiary (not older than three months)	YES	NO
3	Original certified copy of the Identity Document or Smart ID card (include both sides) of beneficiary	YES	NO

Signature of guardian

Date

Signature of applicant (beneficiary)

Date