

4.2.4.

8'

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3

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4.4.

"SF6"

1. This original application form must be completed, signed and forwarded to the Eskom Pension and Provident Fund, Private Bag 50 Bryanston, 2021 two months prior to retirement, together with original certified copies of all relevant documents as listed in section K
2. Please initial each page and ensure that the pension number is written on each page.
3. Please complete this form in full. Incomplete forms cannot be processed
4. Please note that faxed copies will not be accepted by the Fund

CRMSN

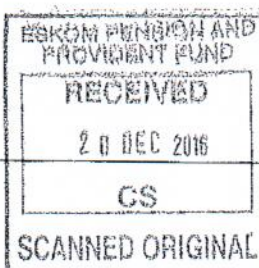
COMPLETE THIS FORM IN FULL AND PROVIDE ALL THE DETAILS AND DOCUMENTS REQUESTED. FAILURE TO DO SO MAY LEAD TO DELAYS IN PROCESSING YOUR APPLICATION FOR BENEFITS

SECTION A – REASON FOR APPLICATION (Please mark with an "X")

Normal Retirement (Rule 23)	<input type="checkbox"/>	Early Retirement (penalties) (Rule 24)	<input type="checkbox"/>
Ill-Health Retirement (Rule 25)	<input type="checkbox"/>	Early Retirement (no penalties) no potential service (Rule 24)	<input type="checkbox"/>
Deferred Retirement Rule (18(7))	<input type="checkbox"/>	Early Retirement (no penalties) with potential service (Rule 28)	<input checked="" type="checkbox"/>
Last day in service	31 December 2016		

SECTION B – PERSONAL DETAILS OF MEMBER

Unique number	4610263	Pensioner Number	
Title	Dr		
Full names (Not initials)	BRIAN		
Surname	MOLLEFE		
Identity / Passport number	6612285778086		
SA Revenue Services Office	PRETORIA	(Where Member submits his / her tax returns)	
SA Revenue Services tax no.	0543140644	(Your 10-digit tax reference number as reflected on the employer payroll)	
Marital status	MARRIED	Date of marriage / customary union	
Have you entered into more than one marriage union at a time?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(If "Yes" please furnish details on a separate sheet)	
Or co habitation/Permanent Live-in Partner	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(If "Yes" please furnish details on a separate sheet)	
Were you ever divorced?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Please attach certified copy of the Final Divorce Order (with all Annexures and Settlement Agreements) as signed by the relevant Clerk of the court to this form. Failure to do so may lead to delayed processing.	
If "Yes" date of divorce	12 11 2010		



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Application for Retirement Benefits

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Unique number

4610263.

SECTION C - CONTACT DETAILS OF MEMBER

Telephone number

012 6671885.

Fax number

Cell phone number

083 5552121.

E-mail address

mbm2@nwel.co.za

Would you like to receive future correspondence via e-mail?

Yes ☒

No ☐

Postal address (after exit)

Residential address (after exit)

P. O. Box 18

409 KELLY BRAY LANE

CORNWALL HILL

CORNWALL HILL ESTATE

IRENE

SOUTH AFRICA.

(Country)

SOUTH AFRICA

(Country)

0178

(Postal/International code)

0178.

(Postal/International code)

Details of next of kin (not living with you)

Name

DR. S.P. MOLEFE

Relationship

FATHER.

Telephone number

012 7031870

Cell phone number

072 9214819.

Postal address

Residential address

2695 ZONE 2

2695 ZONE 2

GA-RANIKUWA

GA-RANIKUWA

SOUTH AFRICA.

(Country)

SOUTH AFRICA

(Country)

0208

(Postal code)

0208.

(Postal code)

SECTION D - COMMUTATION OF PENSION

What portion of your annual pension do you wish to convert into a lump sum?

Please indicate your choice by marking only one of the following 4 options with an "X".

A. Monthly Pension only ☐

B. One third ☒

C. Maximum tax free ☐

D. Other (State amount - less than option B)

R

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[Signature]

**Application for Retirement
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461 0263.

SECTION E – PERSONAL BANKING DETAILS OF MEMBER (current salary)

Please Note: No payments will be made to third party accounts/spouses account

Full name of account holder

Brian Molefe

Name of bank

Standard Bank

Name of branch

Wealth + Investment Centurion

Branch code

012645

Account number

422 - 097 - 314

Account type

Cheque

(Cheque/Savings/ Transmission)

Please provide a bank letter on the bank's letterhead to confirm your banking details. If you wish to receive the benefit in a bank account outside South Africa, please complete the International Banking Form.

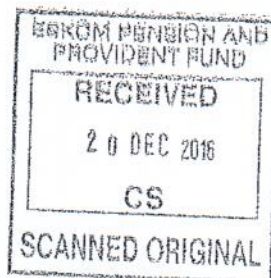


Member's signature

Brian Molefe

Date

08.12.2016.



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Brian Molefe

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Unique number **4610263.**

SECTION F - MEMBER'S DEPENDANTS

Full names (not initials) and surname (Spouse 1)

Birth date

Pension dependant

DIVORCED

Yes

☒ No

Identity number

Full names (not initials) and surname of children (Spouse 1)

Relationship

Birth date

Pension dependant

1 **ITUMALENY MOLEFE**

SON

01.11.1996

☒ Yes

☐ No

2 **ITALENY MOLEFE**

DAUGHTER

22.11.2000

☒ Yes

☐ No

3

☐ Yes

☐ No

4

☐ Yes

☐ No

5

☐ Yes

☐ No

Full names (not initials) and surname (Spouse 2)

Birth date

Pension dependant

ARETHUR GAONTERALE MOLEFE

07.07.1986

☒ Yes

☐ No

Identity number

8607071669083.

Full names (not initials) and surname of children (Spouse 2)

Relationship

Birth date

Pension dependant

1 **KEITUMETSE ZAMATUNLWA MOLEFE**

STEP DAUGHTER

06.06.07

☒ Yes

☐ No

2 **ONICAPOTSE WETSHOOTILE MOLEFE**

SON

01.07.2015

☒ Yes

☐ No

3

☐ Yes

☐ No

4

☐ Yes

☐ No

5

☐ Yes

☐ No

Full names (not initials) and surname (Spouse 3)

Birth date

Pension dependant

Identity number

Full names (not initials) and surname of children (Spouse 3)

Relationship

Birth date

Pension dependant

1

☐ Yes

☐ No

2

☐ Yes

☐ No

3

☐ Yes

☐ No

4

☐ Yes

☐ No

5

☐ Yes

☐ No

NOTE: If there are more spouses or children born / legally adopted out of this marriage/s, please provide details on a separate sheet.
FOR MEDICAL AID CONTINUATION/DEPENDENCY, PLEASE COMPLETE RELEVANT MEDICAL AID APPLICATION FORM.

RECEIVED
20 DEC 2016
CS
SCANNED ORIGINAL

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[Signature]

Application for Retirement Benefits

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SECTION G (i) - DEDUCTIONS FROM MONTHLY PENSION

Private insurance (deductions will only be made where policy numbers and deduction amounts are provided)

Insurance company	Policy number	Value per month
		R
		R
		R
		R
		R

SECTION G (ii) - TO BE COMPLETED BY HUMAN RESOURCES (Not applicable to deferred retirements)

Date of engagement (employer) **25/09/2015**

Deemed start date (pension purposes) **25/09/2015**

Final annual basic salary **468 930-00**

Should these two differ, service record cards must be attached.

Pensionable earnings/basic salary, including market premium and long service, during the last 12 (7.3%) or 36 (6%) months of service.

Service Outside Republic

Were any services rendered outside the Republic during the period of membership of the Fund?

Yes ☒ No

Total number of months services were rendered while contributing to Fund

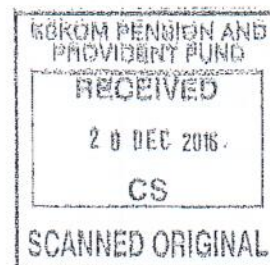
Total number of months services were rendered outside the Republic while contributing to Fund

From	Period To	Salary & AH & LSI amounts
25/09/2015	30/09/2015	29 320-00
01/10/2015	31/03/2016	446 600-00
01/04/2016	31/12/2016	468 930-00

SECTION G (iii) - DETAILS OF TAXABLE INCOME

Gross earnings for the previous FIVE tax years (IRP 5 totals)

Year	Total
2015.	7 656 000-00
2016	8 038 800-00
Total	15 694 800-00
Average	7 847 400-00



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[Signature]

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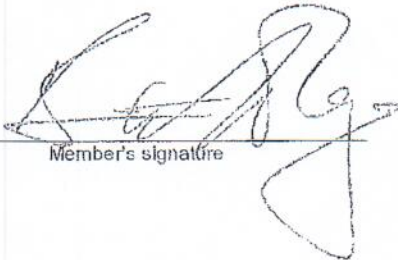
4610263.

SECTION H – DECLARATION BY MEMBER (A – J)

I, the undersigned, hereby certify that the information provided on this form, is correct and true. I acknowledge that I have read and understood the instructions, notes and information provided and that I understand the options available to me.

I agree that payment in accordance with my instructions will present a full discharge of the fund's liability to me.

Signed at PRETORIA on this 27TH day of DEC 2016


Member's signature

Brian MOLEFE.
Member's full names (please print)

VERY IMPORTANT NOTE:

Evidence of Survival (EOS)

You will receive a yellow form from the EPPF annually (example attached) that you must complete in the presence of a Commissioner of Oaths.

This form, once completed by you, will confirm that you are still alive. Should the original form not be received by the EPPF on a date specified by the EPPF, payment of benefits and also deductions will be suspended. The EPPF will then not accept liability for cancellation of policies etc.

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Application for Retirement Benefits

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SECTION I - APPLICATION TO CONTINUE WITH MEDICAL AID

Full names (Not initials) **Brian Molefe.**

Surname **MOLEFE.**

Identity/Passport number **6612285778086.**

Telephone number **012 6671885.**

Fax number

Cell phone number **0835552121.**

E-mail address **mbm1@mweb.co.za,**

Marital status **MARRIED**

(Please attach copy of marriage certificate / divorce order)

Do you wish to continue with Medical Aid?

Yes

No

(If ticked "Yes" and doesn't qualify, practitioner must close out with employee.)

☒

☐

Managerial Levels do not qualify for post-retirement medical aid if appointed externally with effect from 1 June 2003.

*Once an employee has exited the medical aid, you will not be able to re-join as a subsidised member

Please indicate the scheme you currently belong to:

☐ Bonitas ☒ Discovery ☐ Sizwe ☐ Medihelp ☐ Bestmed

☐ Other Specify:

Medical aid option: **CLASSIC COMPREHENSIVE**

Medical aid number: **136547515.**

Number of active dependants currently registered on medical aid:

SEE ATTACHMENT. 7 (seven).

Name and surname of dependant	Dependant's date of birth	Relationship to main member

Do you wish to keep all dependants on the medical aid?

☒ Yes

☐ No

If you wish to remove any dependant, please supply full details of the dependant:

Name and surname	Date of birth	Relationship	Termination date

For verification purposes, please attach a copy of the medical aid membership certificate

Managerial Levels (MPSE) only: Do you wish to continue with your supplementary Medical Expenses Top-up Insurance Policy (ESCAP) membership:

Yes

☒

FOR OFFICE USE ONLY:

HRSS Please confirm if the employee qualifies for Post-retirement Medical Aid per Eskom COS.

Yes


☐ No

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"F"

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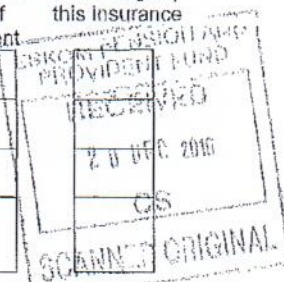
SECTION J – INSURANCE NOTIFICATION

NOTIFICATION OF RETIREMENT OF AN ESKOM EMPLOYEE

Title			
Full names (Not initials)			
Surname			
Identity/Passport number			
Date of retirement			
Telephone number		Fax number	
Cell phone number		E-mail address	
Postal address	Residential address		
	(Country)		(Country)
	(Postal code)		(Postal code)
	(International code)		(International code)

	Not applicable	Please continue with existing policy	Please cancel from date of retirement	I would like to take out (join) this insurance
INDWE - Electrosure policy (Contents of house, car etc)				
INDWE - Voluntary Group Accident Insurance (VGA) (Personal Accident Cover)				
INDWE - Home owners (Fire, storm and tempest) insurance (Other than EFC Loan)				
SanlamSky Voluntary Burial Scheme (Please complete nomination form if you elect to continue; obtainable from Eskom HR)				

Do you wish to continue with the Group Life Insurance Scheme (IMPSE)? Yes No



If yes please obtain a quotation from employeebenefits@skom.co.za The deduction will be made from your private banking account

PLEASE NOTE: If you require a new policy or to change an existing policy, please contact your insurer for assistance. I hereby authorise the insurer to carry out the above instructions.

Member's signature

Date

Please initial page here

[Signature]

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SECTION K – DECLARATION BY SHARED SERVICES HUMAN RESOURCES

Checklist of documents which must accompany this application.
(Regrettably this claim cannot be considered if any of the required documents are not attached.)

Yes	Written authorisation from HR or BU to confirm approved retirement (Not applicable to deferred members)
Yes	HR confirmation of bank account details (SAP screen dump of account where salary was paid into. Not applicable to deferred members)
Yes	Bank account confirmation letter
Yes	Original certified copy of member and spouse's identity document/ Smart Card ID/ Passport
Yes	N/A
Yes	Original certified copies of marriage certificate/s or certificate/s of customary union
Yes	N/A
Yes	Original certified copies of birth certificates, adoption papers or identity documents of children
Yes	N/A
Yes	Original certified copies of divorce orders and settlement agreements
Yes	Proof of medical aid membership certificate
Yes	N/A
Yes	Passport photograph for pensioner card (main pensioner only)
Yes	Eskom compulsory death benefit nomination form
Yes	Eskom voluntary death benefit nomination form
Yes	Proof of tax reference number (compulsory)

In case of a bank account change (if the bank account is not the one where the member's last salary was deposited into)

Yes	Affidavit from member to inform the EPPF of reason for bank account change
Yes	Original certified copy of application form to bank to open a new account – signed by Bank Manager
Yes	Original certified copy of member's identity document/ Smart Card ID/ Passport
Yes	N/A
Yes	Bank confirmation letter
Yes	N/A

In the case of a member deciding to receive their benefit in a bank account outside South Africa, complete and attach the International Banking Form.



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[Signature]

Unique number 4610263

SECTION K continued – DECLARATION BY SHARED SERVICES HUMAN RESOURCES
Checklist of documents which must accompany this application.
(Regrettably this claim cannot be considered if any of the required documents are not attached.)

I, the undersigned Human Resources Administrator, hereby certify that I have

- Verified information supplied on this form
- Verified that all documents required are attached
- Explained all the available options to the member

Please ensure that you sign this form. Failure to do so will lead to delays in processing the claim.

Human Resources Administrator's name Merinda Botha
E-mail address merinda.botha@eskom.co.za
Telephone number 011 800 4645
Signature M Botha
Date 19/12/2016

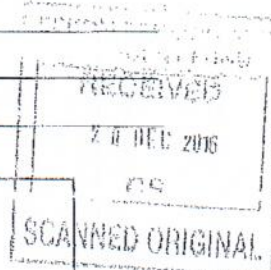
Checked by Shared Services HR Supervisor:
Name _____

E-mail address _____

Telephone number _____

Signature _____

Date _____



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[Signature]