



MEMBER WITHDRAWAL FORM

Section 1: Personal Details

Member Number: Payroll Number: Gross Fortnightly Salary: K

Given Name: Middle Name:

Surname:

Date of Birth: Male: Female: Marital Status:

Village: District: Province:

Mobile No.: Email Address:

Section 2: Employment History

	Name of most recent Employer:	Start Date:	End Date:
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prior to most recent (if any):	2. <input type="text"/>	<input type="text"/>	<input type="text"/>
	3. <input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3: Reason for Withdrawal

Retirement
 Resignation/Termination
 Disability
 Migration

Transfer to: _____
 (Print name of ASF/RSA)

Note : Please refer to back for Withdrawal Guidelines

Section 4: Nominees Details

Name at least three of your current nominated beneficiaries below:

Name of Nominees	Nominee Date of Birth	Relationship to Member	Name of Guardian	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 5: Salary Bank Account

Account Name	Account Number	Bank	Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 6: Member Declaration

I confirm that I have fully understood the contents of this form that was read to me or written by me are true & correct in every particular.

Signature: Dated:

Section 7: Employer Declaration

I confirm that the information above is true & correct and no alterations were made or noted at the time of signing this form.

Name:

Designation:

Signature: Dated:

