Government Employees Pension Fund (GEPF)

CHOICE FORM - SEVERANCE PACKAGE

GEPF USE ONLY - GEPF STAMPS

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CHOICE FORM FOR SEVERANCE PACKAGE

Pension Benefits in terms of the Severance Package offered to Employees of the National Intelligence Agency and South African Secret Service as approved by the Minister of Intelligence.

To enable the Government Employees Pension Fund (GEPF) to successfully process the request for withdrawal from the Fund as the result of a Severance Package offered, the Employer and Member must complete this form and deliver/post it with the required application form (Withdrawal From Fund Application Form – Z102) and other documentary attachments.

A) PERSONAL PARTICULARS OF MEMBER (Compulsory)

Pension Number | Salary No | Title

Surname

First name

Middle names

ID No | (or) Passport No.

B) SEVERANCE PACKAGE OPTION (GEPF Law Rule 14.8) (Compulsory, select only one option)

Members who have not yet attained the age of 50 Years (irrespective of years of pensionable service) or Members who have attained the age of 50 but have less than 10 years pensionable service, please select one of the options below :

☐ Option (a): A gratuity amount equal to the member's actuarial interest payable into the member's own bank account.

☐ Option (b): A gratuity amount equal to the member's actuarial interest payable into an approved retirement fund of the member's choice. (**N.B. Please familiarize yourself with the contents of section D of the Z1525 form**)

OR

Members who have attained the age of 50 Years and have completed at least 10 years pensionable service, please select one of the options below :

☐ Option (a): A gratuity amount equal to the member's actuarial interest payable into the member's own bank account.

☐ Option (b): A gratuity amount equal to the member's actuarial interest payable into an approved retirement fund of the member's choice. (**N.B. Please familiarize yourself with the contents of section D of the Z1525 form**)

☐ Option (c): A gratuity and annuity determined in terms of the formula that applies to the member, without scaling down of pension benefits in terms of Rule 14.3.3 (b) and without an addition of pensionable service in terms of Rule 14.2.4 (b). (Benefits in terms of 14.1.1(d))

C) CERTIFICATION BY MEMBER AND EMPLOYER REPRESENTATIVE (Compulsory)

I _____

the undersigned, declare that I understand the options offered and that I agree that the choice made by me is irrevocable after the date of terminating my service.

Signature of Member
OR Thumbprint of Member(if he/she cannot read/write)

Tel No

I _____

the undersigned, declare on behalf of the Employer that I have provided the member with explanatory guidelines with regards to his / her withdrawal option.

Signature of Employer Representative

Tel No

Date Signed

Official Employer Stamp