

**NATIONAL TREASURY
Government Employees
Pension Fund (GEPF)**

**EXTERNAL TRANSFER
FROM AN APPROVED FUND
- Z1526**



GEPF USE ONLY - GEPF STAMPS

BAR CODE

Private Bag x63 34 Hamilton Street
Pretoria Arcadia Pretoria
SOUTH AFRICA
0001

Tel No : (+27) (0) 12 319 1911
Fax No : (+27) (0) 12 326 2507
Call Centre : (+27) (0) 12 319 1000
E-mail : enquiries@gepf.co.za
WebSite : www.gepf.co.za

PARTICULARS FOR A TRANSFER FROM AN APPROVED RETIREMENT FUND

THIS FORM MUST BE COMPLETED BY THE FUND REPRESENTATIVE.

The information required with a transfer-in from an approved fund according to rule 12.2 of the Government Employees Pension Fund.

All sections on the form are compulsory.

A) PARTICULARS OF MEMBER

Surname

First Name(s)

Initials Birth Date ID no

Date of withdrawal from transferring fund Income Tax No

Start date of contributing to transferring fund Gender Male Female

B) PARTICULARS OF TRANSFERRING FUND

Underwriter of the Fund

Full name of the registered Fund

Fund Registration number at **FSB** **12/8**

SARS Fund Registration Number **18/20/4**

Type of Fund Pension Annuity Presv Prov

C) PARTICULARS OF RECEIVING FUND

Full name of fund Government Employees Pension Fund

Fund Registration number The GEPF is not an approved fund but is a defined benefit fund governed by legislation of the
GEP Law, 1996 (Proclamation 21 published in Government Gazette 17135 of 19 April 1996).

SARS Fund Registration Number 18/20/4/999999

Type of Fund Pension Fund

GEPF Pension Number Salary Number

D) PARTICULARS OF BENEFIT TO BE TRANSFERRED

Amount of benefit to be transferred ,

Amount of benefit taken in cash ,

Amount of benefit transferred ,

E) THE GOVERNMENT EMPLOYEES PENSION FUND BANK DETAIL

Name of Bank ABSA

Branch Name Pretoria

Branch Code 632 005

Account Name National Treasury: GEPF / Government Employees Pension Fund(96)

Account Number 40-5419-7798

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND THE MEMBER OR PENSIONER AND COMMISSIONER OF OATHS MUST INITIAL THIS PAGE.

Member/Pensioner initial

Commissioner of Oaths initial

Pension Number

F) CERTIFICATION PARTICULARS (To be completed by the responsible person at the transferring fund)

I confirm that the particulars on this form are true and correct.

Signature of Transferring Fund Representative

Surname
Tel No
Date Signed

G) PARTICULARS OF THE NEW GOVERNMENT EMPLOYER (must be completed by the new employer)

Salary advise as on admission date
New Employer Name
New Employer Code
Service Type
Retirement age according to the employment contract at the new employer

H) CERTIFICATION BY EMPLOYER REPRESENTATIVE

For Official use by the Employer only

I certify that:

- (a) All Particulars in this form are true and correct.
- (b) All pension contributions payable by the member have been recovered and paid over in full.
- (c) The member is fully aware of the contents of this form and any liabilities that he / she may have.

Compiled by:

Signature 1

Fax No

E-Mail address

Official Date Stamp of Employer

Signature 2

Designation

Surname of Employer Representative

Tel No

Fax No

E-Mail address

Employer Postal / Return Address

Postal Code