



Bar Code

TYPE OF TRANSACTION: A. Resignation/Absconded B. Transfer between funds C. Retirement D. Death E. Divorce

A) PERSONAL PARTICULARS (Compulsory for all types of transactions)

1. Current pension No.

2. Old pension No.

3. Title

4. Date of birth

5. Surname

6. Firstname

7. Middle names

8. Maiden name

9. Salary No.

10. Income tax No.

11. ID No.

(or) 12. Passport No.

13. Gender: Male Female

14. Marital status: Single Divorced Married Widow/er Life Partner

15. Service (Appointment) date

16. Commencement date: Period covered by contributions

17. Date of service termination

18. Pension retirement age (per service conditions) Years

19. Employer name

20. Employer code

21. Occupation code

22. Reason for termination of service

23. Exit rule/s

B) PAYMENT PARTICULARS (This section is compulsory if type of transaction is A, B, C, D (E is optional))

1. Payment must be forwarded directly to: A. Bank B. Trust Fund C. Pension Fund D. Unclaimed

2. Trust Fund registration number

3. Name of account holder

4. Type of account: Cheque Transmission Savings

5. Bank name

6. Branch name

7. Branch code

8. Account No.

9. Fund registration number (in case of Actuarial Interest Transfer) **12/8**

10. SARS registration number of fund **18/20/4**

11. Policy No.

C) MEMBER'S CONTACT PARTICULARS (This section is compulsory if type of transaction is A, B, C, D (E is optional))

1. Postal address of member

2. Residential address of member

3. Tel No.

4. Fax No.

5. Cell No.

6. E-mail address

Employer Initial 1 Employer Initial 2

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND THE RELEVANT PARTIES MUST INITIAL THIS PAGE

61412



D) DEBT PARTICULARS (Compulsory for debt to be deducted from benefits payable)

Z102

(Total liabilities debt to state/employer/fund, including arrear contributions (specify salary overpayment separately)).

1.a Debt description

1.b Debt amount ,

2.a Debt description

2.b Debt amount ,

3.a Debt description

3.b Debt amount ,

4. Debt total ,

E) SERVICE PARTICULARS (Compulsory for all types of transactions (A, B ,C, D and E))

1. Annual salary (basic pensionable salary) reflecting the increase periods during the last five years (or whole period if shorter)

Period From	Period To	Annual Salary for Period
<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"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Last date i.r.o. which Bought Service Installment was deducted

3. Periods of bought service

From	To
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

4. Any periods of breaks in service to be disregarded.

From	To
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

F) DEPENDANT'S PARTICULARS (Compulsory for transaction types A (10 years service), C and D)

(If no dependants state NONE in the surname field)

1.a) Surname 1.b) Date of birth

1.c) Firstname 1.d) Other initials

1.e) Relationship to member: Spouse Adopted child Stepchild Natural child

1.g) Child's status: Under 18 Full time student Disabled 18 and Older

1.h) Spouse's status: Married Divorced Widowed

1.f) Divorce date

1.i) Registered dependant of medical aid scheme: No Yes

2.a) Surname 2.b) Date of birth

2.c) Firstname 2.d) Other initials

2.e) Relationship to member: Spouse Adopted child Stepchild Natural child

2.g) Child's status: Under 18 Full time student Disabled 18 and Older

2.h) Spouse's status: Married Divorced Widowed

2.f) Divorce date

2.i) Registered dependant of medical aid scheme: No Yes

3.a) Surname 3.b) Date of birth

3.c) Firstname 3.d) Other initials

3.e) Relationship to member: Spouse Adopted child Stepchild Natural child

3.g) Child's status: Under 18 Full time student Disabled 18 and Older

3.h) Spouse's status: Married Divorced Widowed

3.f) Divorce date

3.i) Registered dependant of medical aid scheme: No Yes

Employer Initial 1

Employer Initial 2

61412



4.a) Surname

4.b) Date of birth

4.c) Firstname

4.d) Other initials

4.e) Relationship to member: Spouse Adopted child Stepchild Natural child

4.f) Divorce date

4.g) Child's status: Under 18 Full time student Disabled 18 and Older

4.h) Spouse's status: Married Divorced Widowed

4.i) Registered dependant of medical aid scheme: No Yes

5.a) Surname

5.b) Date of birth

5.c) Firstname

5.d) Other initials

5.e) Relationship to member: Spouse Adopted child Stepchild Natural child

5.f) Divorce date

5.g) Child's status: Under 18 Full time student Disabled 18 and Older

5.h) Spouse's status: Married Divorced Widowed

5.i) Registered dependant of medical aid scheme: No Yes

6.a) Surname

6.b) Date of birth

6.c) Firstname

6.d) Other initials

6.e) Relationship to member: Spouse Adopted child Stepchild Natural child

6.f) Divorce date

6.g) Child's status: Under 18 Full time student Disabled 18 and Older

6.h) Spouse's status: Married Divorced Widowed

6.i) Registered dependant of medical aid scheme: No Yes

G) DEPENDANT'S AND OTHER CONTACT PARTICULARS (Compulsory for transaction types A (10 years service), C and D)
(If no dependants state NONE in the surname field)

1.a) Surname

1.b) Initials

1.c) Relationship to member: Guardian of child Spouse Next of kin

1.d) Telephone No.

1.e) Postal Address

2.a) Surname

2.b) Initials

2.c) Relationship to member: Guardian of child Spouse Next of kin

2.d) Telephone No.

2.e) Postal Address

H) MEDICAL BENEFIT PARTICULARS (Compulsory if transaction type is C or D)

1. Does the member / spouse wish to continue with membership? Yes No

2. Name of medical scheme at retirement

3. Scheme membership number

4. Scheme/Package option name

5. Total number of years in Government Service to be recognised

6. Did the State contribute to the member's medical subsidy? Yes No If Yes:

7. What was the State's contribution to the member's medical aid scheme:

Employer Initial 1 Employer Initial 2



I) CERTIFICATION PARTICULARS BY EMPLOYER (Compulsory for all types of transactions)

For official use by the Employer only

- I certify that**
- (a) All particulars furnished 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:

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OFFICIAL DATE STAMP OF EMPLOYER

Signature 1

Designation

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Employer contact surname

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Initials

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Telephone No.

C O D E	
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Fax No.

C O D E	
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E-mail address

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Certified by an Assistant Director or equivalent designation:

Signature 2

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Designation

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Employer contact surname

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Initials

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Telephone No.

C O D E	
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Fax No.

C O D E	
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E-mail address

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Instructions for Completing Form Z102: Withdrawal of a Member from a Pension Fund Adminstrated by Pensions Administration

1. Refer to checklists for attachments required for this form.
2. Where particulars are incorrect, outdated or changed after the original submission, the relevant Personnel Office should make the necessary corrections directly on the Payroll Administration System and re-submit the required document and attachments. The new set of documents must clearly be marked as "Revised Version" on top of the main document:
 - In this case the personal particulars changed, an **Updating Personal Particulars of Member Form (Z864)**.
 - In this case the bank particulars changed, an **ACB Bank Particulars Form (Z894)**.
 - In case the withdrawal particulars changed, a **Withdrawal from Fund Form (Z102)**.
3. A letter will be issued to the member and/or employer upon receipt of the application. This letter contains the member's unique Pension Number that should be used as a reference when interacting with the Pensions Administration.
4. If the data received is insufficient to withdrawal the person to the Pension Fund, the Pension Administration System will generate a system error. The Employer and/or Member will be notified of the error via Pensions Administration Service Centre.
5. It is strongly advised that Withdrawal from Pension Fund Transactions must be submitted to the Pensions Administration at least 6 to 8 weeks before the last day of service of the member. Exceptions to the rule are resignations and cases of unpredictable death in service.
6. Withdrawal Transaction Types:
 - Compulsory to select a transaction.
 - Mark with an "X" as applicable:
 - [A] RESIGNATION / ABSCONDED: If the member has resigned, absconded, been dismissed for misconduct or been discharged due to ill-health caused by own fault. Refer to the following: Withdrawal of a Member from a Pension Fund due to Resignation/Absconding.
 - [B] TRANSFERS BETWEEN FUNDS: For a transfer of a member's pension value between valid Pensions Administration Funds mentioned on Page 16, refer to the following: Transferring Between Funds Adminstrated by the Pensions Administration.
 - [C] RETIREMENT/DISCHARGE: Only for retirements – all types of retirements, including "external transfers", but not cases mentioned in [A] and [D], refer to the following: Withdrawal of a Member from a Pension Fund due to Retirement/Discharge and Payment to an Approved External Pension Fund.
 - [D] DEATH: Only in cases of death in service, refer to the following: Withdrawal of a Member from a Pension Fund due to Death.
 - [E] DIVORCE: Where an order is made for the payment of a pension value in a divorce action, refer to the following: Notification by Member of Divorce Settlement.
7. COMMENCEMENT DATE (PERIOD COVERED BY CONTRIBUTIONS): Fill in the earliest date from which the member started financially contributing to a Pension Fund.
8. EXIT RULE(S): The relevant pension benefit rule(s) according to the applicable Pension Fund Act and Regulations must be quoted in full.
9. New Payment Requests via the Post Office, Cheque or Warrant Vouchers are no longer allowed.
10. FUND REGISTRATION NUMBER and SARS REGISTRATION NUMBER: Only applicable if transferring the benefit value to an approved external Pension Fund.
11. The member must be made fully aware of the total financial liabilities and debt before employer representative submits the form to the Pensions Administration.

12. Dependant: The particulars of the spouse, children and any other person who, according to the provisions of the rules concerned, qualify as dependants, must be stated in full.
13. A Spouse can be defined as a lawful husband(s) or wife (wives) or life partner(s) (including same sex life partner).
14. A withdrawal of a member can only be done from the following Pension Funds Codes:
- Government Employees Pension Fund (GEPF) (Code 96)
 - Temporary Employees Pension Fund (TEPF) (Code 04)
 - Associated Institutions Pension Fund (AIPF) (Code 06)
15. The following Occupation Codes are applicable:

Occupation Code	Occupation Description
1	Public Services
2	Provincial Services
3	Permanent Force
4	S.A. Police Service
5	National Intelligence Services (NIA)/South African Secret Service (SASS)
6	Department of Correctional Services
7	Associated Institutions (AIPF Fund)
8	Authorities Services
9	Head of Department (Director General)
A	Magistrates