

Council number: _____

N.B: The divorce order and divorce settlement documents specifically, should be forwarded to the Fund as soon as they are received in order to ensure that any claim lodged by the main member in the interim is held back pending finalization of the divorce settlement. Payment of any claim lodged by the member will proceed in the absence thereof.

FUND (Tick box) Auto Workers' Provident Fund Motor Industry Provident Fund Copartes Pension Fund

**N.B. All requested information MUST be completed.
Please return this form by emailing 37D@mifa.org.za**

PARTICULARS IN RESPECT OF THE MEMBER OF THE FUND

Surname: _____ Initials: _____

Tax Number: _____ ID Number: _____

Physical Address: _____

_____ Code: _____

Postal Address : _____

_____ Code: _____

Telephone Numbers: Work (_____) _____ Cell: _____

Employer: _____

E-Mail Address: _____

Member Signature

DATE

PARTICULARS IN RESPECT OF NON-MEMBER SPOUSE (CLAIMANT)

Full Name and Surname: _____

Tax Number: _____ ID Number : _____

Physical Address: _____

_____ Code: _____

Postal Address : _____

_____ Code: _____

Telephone Numbers: Work (_____) _____ Cell: _____

E-Mail Address: _____

DIVORCE ORDER APPLICATION FORM

Please select a payment option below by placing an X in the box

1. Full benefit paid as cash
2. Part cash/Part transfer
3. Full benefit to be transferred

Banking Details:

Bank: _____

Branch: _____ Branch Code: _____

Type of Account: _____

Account No : _____

Transfer Details:

Name of Fund: _____ Registration No. of fund: _____

Name of Administrator: _____

Contact Telephone Number/s: _____

E-Mail: _____

Date of Divorce: _____

Annual Salary: _____

The following documentation MUST be attached to this Application:

- Certified copy of Decree of Divorce & Final Divorce Order
- Certified copy of claimant's identity document
- Certified copy of member's identity document
- Original Bank Statement with bank stamp of Non-Member Spouse (Claimant)
- Certified Copy of Marriage Certificate

DECLARATION AND SIGNATURE:

I understand that the Fund will process my benefit, in terms of my payment instruction recorded above and according to the rules of the fund, upon receipt of the required documentation and necessary tax clearance from the South African revenue Service. I confirm that all Information is true and correct.

PRIVACY STATEMENT

I agree that Motor Industry Retirement Funds (MIRF) and Motor Industry Fund Administrators (MIFA) may process all information that I provide on this form. MIRF/MIFA may use my personal information to provide and administer retirement fund investments and share my personal information as per my instruction in this form or with other contracted service providers, who are legally bound to protect the information. I understand that the information will be processed in accordance with the Protection of Personal Information Act, No.4 of 2013 and MIRF and MIFA's strict policies and procedure manuals on protecting the confidentiality of my personal information.

CLAIMANT SIGNATURE

DATE

Retirement funds that deliver