

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

UNCLAIMED BENEFIT

SURPLUS

UNSURE

Should you have any further supporting documentation that you think could assist with your claim (for e.g previous payslips, and/or benefit statements, a previous identification number that used to be used) please also provide this to us.

**MEMBERS INFORMATION**

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Identity No.: \_\_\_\_\_ Date of birth.: \_\_\_\_\_

Council number (if available): \_\_\_\_\_

Contact No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tax No. (Must be provided. Obtainable from SARS): \_\_\_\_\_

Physical / Postal Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

**MEMBERS BANK DETAILS (No 3rd party accounts will be accepted)**

An original Bank confirmation letter (stamped by the bank) is required.

Account holders Name: \_\_\_\_\_

Name of bank: \_\_\_\_\_

Branch code: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_

I, the undersigned, hereby certify that the information provided is correct in all aspects.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

**Once completed, please email this form together with a certified copy of your identity document and original bank confirmation letter to: [ub@mifa.org.za](mailto:ub@mifa.org.za)**

**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