



Dear Member

Please find attached the application to be completed by the ex spouse and member and SIGNED by both parties and the original submitted back to our offices for processing.

The administrative requirements for a member to sign Fund documentation in acknowledgement of transactions against his/her Fund Credit constitutes both good practice and good governance.

Upon receipt of correct and complete documentation, payment will be processed without any undue delay.

**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.**

Please post ORIGINAL DOCUMENTATION back to:

Attention Divorce Orders  
PRIVATE BAG X10095  
RANDBURG  
2125

Or for courier purposes OR hand deliveries our physical address:-

Attention Divorce Orders  
275 Kent Avenue  
Randburg  
2194

NB: NO FAXED OR E-MAILED DOCUMENTATION WILL BE ACCEPTED

Regards

Principal Officer  
Mr. Radesh Maharaj

**Retirement funds that deliver**

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

**N.B. All requested information MUST be completed.**

**PARTICULARS IN RESPECT OF 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**

Surname: \_\_\_\_\_ Full Names : \_\_\_\_\_  
 Tax Number: \_\_\_\_\_ ID Number : \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Code: \_\_\_\_\_  
 Postal Address : \_\_\_\_\_ Code: \_\_\_\_\_  
 Telephone Numbers: Work (\_\_\_\_\_) \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

1.  Cash benefit paid into my bank account

2.  Benefit to be transferred to an Approved Fund

**Banking Details:**

Bank \_\_\_\_\_  
 Branch: \_\_\_\_\_  
 Branch Code: \_\_\_\_\_  
 Type of Account: \_\_\_\_\_  
 Account No : \_\_\_\_\_

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 (All certified copies to be certified by the SAPS only):-**

- 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
- 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/Certify that all Information is true and correct.**

\_\_\_\_\_  
CLAIMANT

\_\_\_\_\_  
DATE

**For office use :** Council number: \_\_\_\_\_ Fund number: \_\_\_\_\_