

Bank account into which annuity portion must be paid:

Name of compulsory annuity*: _____ Name of Insurer: _____

* Please forward a copy of your application form.

Bank: _____ Account number:

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Branch: _____ Branch code:

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D1 DETAILS REQUIRED FOR INCOME TAX PURPOSES

Income tax reference number: _____ Income tax office: _____

Estimated taxable income for the current tax year:

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D2 EMPLOYER DETAILS - FOR PRESERVATION FUNDS ONLY

Name of employer: _____

Address of employer: _____

Please state the highest annual salaries earned during the past five years in the service of the employer, by whom you were employed during your membership of the Fund:

	Year	Salary
1		
2		
3		
4		
5		

E STATEMENT BY MEMBER

I hereby warrant that the information given above is correct to the best of my knowledge and I instruct and authorise the Fund to pay all monies due in accordance with the instructions above, subject to the rules of the Fund.

Signature of member or authorised representative*: _____ Date: _____ / _____ / _____

* Please forward proof of authorisation.