DCF **Government Employees** GEPF USE ONLY - GEPF STAMPS Pension Fund (GEPF) **DCF DIVORCE CHOICE BAR CODE FORM** Private Bag x63 34 Hamilton Street Call Centre : 0800 117 669 Pretoria Arcadia SOUTH AFRICA E-mail :enquiries@gepf.co.za Pretoria :www.gepf.co.za 0001 Website PLEASE SELECT EITHER OPTION A OR OPTION B A ONCE OFF CHOICE MUST BE MADE BETWEEN OPTION A AND B. THE CHOICE MADE IS IRREVOCABLE Option A - Payment to be made to the non-member spouse's own account (Complete Section A, B, C and G) Option B - Payment to be transferred to an approved external fund (Complete section A, B, D, E, note F and G) A) PERSONAL DETAILS OF MEMBER 1. Pension Number 2. Salary No. 3. Title 4. Surname 5. First Name(s) 6. Maiden Name 7. ID No./Passport 8. Date of Birth No. B) PERSONAL PARTICULARS OF NON-MEMBER SPOUSE (EX-SPOUSE) 1. Title 2. Initials 3. Gender 4. Surname 5. First Name (s) 6. Maiden Name 7. Date of Birth 8. ID Number: 10. Date of Marriage: 9. Income Tax No 11. Date of Divorce: 13. Residential Address 12. Postal Address Postal Code Postal Code 14. Tell No 15. Cell No 16. Email Address C) BANKING DETAILS OF NON-MEMBER SPOUSE 2. Type of acc Cheque 1. Acc. Holder Transmission Savings 4. Branch Name 3. Bank Name 6. Branch Code 5. Account No. 7. Routing Code 8. Swift Code (Foreign Accounts) (Foreign Accounts) 9. Postal Address Bank Date stamp Postal Code 10. Branch Email Address

Signature of Bank Official

11. Initial, Surname

of bank official

D) PARTICULAR	เร	OF	T	HE	T	'RA	NS	FE	RE	E F	UN	1D	(Ар	pro	ved	Ex	tern	al	Reti	rem	nen	t Fu	ınd)										
Fund Underwriter																																	
Fund Name																																	
Fund Registration Nu	mb	er a	t F	SB				1	2/8	3																							
SARS Registration No	umb	er (of F	unc	t		1	8/2	20/	4																							
POLICY/REFERENCE	ΕΝι	umb	oer	of C	Clie	ent																											
CONTACT PART (NB: These are the contact																	iela i	-b-a		at in	.6		6	+h-a		- 6		and -			und .	-+ C	ADC)
Tel No	ueta	IIS as	ь сар	lure	u o	n the	tax c	lirect	lve a	ppiid	ation	anu	IIIus	t cor	respo	ona i	 	uie		ell N		latio	11 101	the	Lr ai i:	Siere	e it	illu a	15 a (сари	ireu i	at Si	AKS)
E-Mail]											Τ			$\frac{1}{1}$		_		T	$\overline{}$	\exists				\exists
BANK PARTICU	LA	RS	O	F 1	ΓR	AN	SFI	ER	EE	FL	JNE)				l																	
Name of Account																																	
Bank Name																								Ī			Ì						
Branch Code					Ī						1	Тур	e of	Ac	count:		Cł	Cheque				Tra		ansmis		n			Savi		vin	gs	
Branch Name					Ť																Ť				Τ		T		\Box				
Account Number					T														İ						Ť				Ħ				
E) PARTICULAR	RS	OF	F	UN	D	RE	PR	ES	ΕN	TΑ	TI	VE		1			-			-			-										
Surname					Τ																							In	iitia	ls			
FAIS Registration No			T	+	T			T	T								T		T		T	T	$\overline{}$			Ť							
Tel No					Ť	İ			1										С	ell I	No	T			1	Ť	İ						
E-Mail																									_	Ī							一
1. If the rules of the transfer value (interpretate of any are considered of the Government and the transfer of considered of the Government and the transfer of considered of the Provident Fund, Provident F	recept the second of the secon	Traist i st i st i iity tive mpl im mp der lum der	nsf ncl for e is loye bei su sp nt F fer	ecification in the sum of the sum	e ed ed ed ed ed ed ed ed ed ed ed ed ed	Fund) and men by Sensi Acconefit ally rvationener ch fi	d m d th hbe SAR on I ordi ts w pro on fits on und	ake be be r at S (Lawingl Vill I to Fur s if	e probala cre Sour, 1 y poet des fid v be des reg	ovi nce tire ith 996 ara cax for wer tra ind gist	sione of officers of the end of t	n fo the nt. icar icar iph e, v pre ot p erre tire d au	r a e tra h is 6 o vith eser rov d t me and	eve eve of the of the orva vide ax nt n	nuesans Steel	with va e Sefer Sect fr or i e to	ervired oncom	ice to 1 S nsi he Per	s), an, an, che Mai ion GE nsic d, a	tra ap dul rch bei P L	nsf pro le c 20 nef aw ror	er ove of the of	lim ded ent d ro ne ano me Per Ma	itle etire Inco d as ndn sio	me em om s su ner n P	nts ent e T ich its Pres	tra to	nde und Ac ans the	er til, act is	he ccrus ap	proues	vis to cab	a lle
A: I the undersigned, on this form are fully informed of choice. Signa	ture	e a co	nd ond	itio	nre ons	nber	spo	tha npli	t I	ha ion	ve l	oeei	n	t n o	he his nen thoi	for nbe ce rov	ders rm a er o (inc ed	f ti clu Re	tru he d din tire	on g se eme	and dit ect ent	co ion ion Fui	rre s a F o nd.	ct a nd i	nd mp nis	tha lica for	at : ati	I in ons) to	for of	me his	d ti or	ne he	er
PLEASE ATTACH T										S:			Th	ie G	EPI	F re	spe	cts	priv	acv.	an	ıd p	erso	onal	inf	forn	nat	tion	ı of	its 1	nen	nbe	ers

Certified ID copy not older than 6 months.
 Tax number (proof from SARS)

and pensioners and therefore subscribes to the provisions of the Protection of Personal Information Act 4 of 2013. Visit www.gepf.co.za to view GEPF Privacy Policy and Privacy statement.