



**CHOICE FORM - SEVERANCE PACKAGE**

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**CHOICE FORM FOR SEVERANCE PACKAGE  
Pension Benefits in terms of PSCBC Resolutions.**

This form enables the GEPF to successfully process the request for withdrawal from the Fund as a result of a Seve r a n c e Package offered.

**A) PERSONAL PARTICULARS OF MEMBER**

Pension Number

Surname

First Name

Title  Initials  D.O.B  ID No

Salary No  Income Tax No

**B) SEVERANCE PACKAGE OPTION** (GEPF Law Rule 14.8)

A single choice (from the options listed) must be made from no.1 or no.2 depending on the condition applicable to the member.

**1. Members who have not yet attained the age of 55 Years (irrespective of years of pensionable service) or Members who have attained the age of 55 but have less than 10 years pensionable service.**

- Option (a): A gratuity amount equal to the member's actuarial interest payable into the member's own bank account.
- Option (b): A gratuity amount equal to the member's actuarial interest payable into an approved retirement fund of the member's choice. **(N.B. Please familiarize yourself with the contents of section D of the Z1525 form)**

**OR**

**2. Members who have attained the age of 55 Years and have completed at least 10 years pensionable service.**

- Option (a): A gratuity amount equal to the member's actuarial interest payable into the member's own bank account.
- Option (b): A gratuity amount equal to the member's actuarial interest payable into an approved retirement fund of the member's choice. **(N.B. Please familiarize yourself with the contents of section D of the Z1525 form)**
- Option (c): A gratuity and annuity determined in terms of the formula that applies to the member, without scaling down of pension benefits in terms of Rule 14.3.3 (b) and without an addition of pensionable service in terms of Rule 14.2.4 (b).

**C) CERTIFICATION BY MEMBER AND EMPLOYER REPRESENTATIVE**

I \_\_\_\_\_  
the undersigned, declare that I understand the options offered and that I agree that the choice made by me is irrevocable after the date of terminating my service.

Signature of Member  
OR Thumbprint of Member (if he/she cannot read/write)

Tel No

I \_\_\_\_\_  
the undersigned, declare on behalf of the Employer that I have provided the member with explanatory guidelines with regards to his / her withdrawal option.

Signature of Employer Representative

Tel No

Date Signed

Official Employer Stamp