

CLIDNIAME.



OR



OPTION FORM

ONLY TO BE COMPLETED BY NEW MEMBERS TO THE INDUSTRY

(THAT IS, THOSE NEVER HAVING CONTRIBUTED TO ONE OF THE RETIREMENT FUNDS BEFORE OR THOSE REJOINING A FUND AFTER HAVING CLAIMED A REFUND OF THEIR CONTRIBUTIONS)

EIII I NAMES.

SURNAME.	TOLL NAMES.
IDENTITY NO.:	DATE OF BIRTH (YYYY/MM/DD):
COMPANY NAME:	
EMPLOYEE NO.:	
DO YOU BELONG TO A TRADE UNION	YES NO
(PLEASE TICK APPROPRIATE BLOCK)?	
IF YES, SPECIFY WHICH TRADE UNION:	
	ou fully understand the differences between the PENSION
FUND and the PROVIDENT FUND .	
Comparative booklets showing the differences between the Representative or the Fund's office.	ne two Funds are available from your employer, Trade Union
MAKE YOUR CHOICE BY PLACING A '√' IN THE BLOCK NEXT TO THE FUND OF YOUR CHOICE	
I CHOOSE TO JOIN THE ENGINEERING INDUSTRIES PENSION FUND	
I CHOOSE TO JOIN THE METAL INDUSTRIES PROVIDENT FUND	
Please submit your Option Form to your Wage/Person	anel department for submission to the Administrators.
	late of engagement to which Fund they wish to belong to. They will nonths of date of engagement. Thereafter they will not be allowed
	CHOICE RECORDED BY EMPLOYER:
	CHOICE RECORDED BT ENIFLOTER:
	Signature / Stamp
Member's Signature Date	Date:

The completed form is to be forwarded by the employer to the following physical or email address:

METAL INDUSTRIES BENEFIT FUND ADMINISTRATORS RECORD MAINTENANCE DEPARTMENT P.O. BOX 7507 **JOHANNESBURG** 2000

Email: recordmaintenance@mibfa.co.za