

# UNIFIED COUNCILS PENSION FUND

3<sup>rd</sup> Floor West  
UCPF Building  
162 Harare Street  
HARARE.  
Tel: 04 756548 / 757762

P.O.BOX MP 984  
Mount Pleasant  
HARARE

55 J Tongogara  
Office No.6  
Dan Square Building  
BULAWAYO.  
Tel:09 888956 / 888983

## WITHDRAWAL CLAIM FORM

NAME: .....

SURNAME: .....

I.D NUMBER: .....

DATE OF ENGAGEMENT: .....

DATE OF WITHDRAWAL: .....

COUNCIL: .....

PENSION NUMBER: .....

Salary & Allowances to date of termination:..... PAYE Deducted: .....

(Please tick appropriate box) RESIGNATION ☐ DISCHARGE ☐ TRANSFER ☐  
CASHED ☐ BANKED ☐

BANK / BUILDING SOCIETY : .....

ACCOUNT NUMBER: .....

BRANCH: .....

COUNCIL OFFICIAL'S NAME: .....

SIGNATURE: .....

DATE: .....

### CONTACT DETAILS

HOME ADDRESS: .....

.....

.....

PHONE NUMBER: ..... / .....

**PLEASE ATTACH: (i) Certified Copy of ID (ii) Bank Statement (iii) Copy of withdrawal letter**

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## RETIREMENT CLAIM FORM

NAME: .....

SURNAME: .....

I.D NUMBER: .....

DATE OF ENGAGEMENT: .....

DATE OF RETIREMENT: .....

COUNCIL: .....

PENSION NUMBER: .....

Salary & Allowances to date of termination: ..... PAYE Deducted: .....

(Please tick appropriate box) FULL COMMUTATION 1/3 C ☐ UTATION ☐

BENEFITS TO BE: CASHED ☐ BANKED ☐

BANK / BUILDING SOCIETY : .....

ACCOUNT NUMBER: .....

BRANCH: .....

COUNCIL OFFICIAL'S NAME: .....

SIGNATURE: .....

DATE: .....

### **CONTACT DETAILS**

HOME ADDRESS: .....

.....

PHONE NUMBER: ..... / .....

**PLEASE ATTACH: (i) Certified ID (ii) Bank Statement (iii) Copy of retirement letter (iv) Medical Report in case of ill Health Retirement**

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## DEATH CLAIM FORM

NAME: .....

SURNAME: .....

I.D NUMBER: .....

DATE OF ENGAGEMENT: .....

DATE OF DEATH: .....

COUNCIL: .....

PENSION NUMBER: .....

Salary & Allowances to date of termination:..... PAYE Deducted: .....

NAME & SURNAME	D.O.B	RELATIONSHIP	BENEFIT

COUNCIL OFFICIAL'S NAME: .....

SIGNATURE: .....

DATE: .....

### **BENEFICIARY CONTACT DETAILS**

HOME ADDRESS:

.....  
.....

PHONE NUMBER: ..... / .....

**PLEASE ATTACH: (1) Death Certificate (2) Dependant's Birth Certificate (3) Spouse's ID (4) Marriage Certificate / Affidavit (5) Confirmation letter from the Council (6) Bank Statement for Beneficiary**



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