

# PENSION REVIEW FORM

Tel: +264 83 2999 000

E-mail copy of completed form to: rma@prosperitynam.com

Kindly do not use Tippex in the completion of this form - kindly initial where corrections have been made and complete accordingly.



## Office Use Only

Screened		Captured		QC		Scanned	
Date		Date		Date		Date	
Signature		Signature		Signature		Signature	

## Section A - Principal Member Details

Member Number																		
Title	Initials			Full Names														
Surname																		
Physical Address																		
Postal Address											Postal code							
Telephone Number	(H) Code						(W) Code											
Cellphone Number								Fax Number										
I.D / Passport Number								Passport Expiry Date										
E-mail Address																		
Date of Birth	D	D	M	M	Y	Y	Y	Y	Age									
Marital Status	Single				Married				Divorced				Widowed				Cohabitation	
Member Signature								Date	D	D	M	M	Y	Y	Y	Y		

## Section B - Proof of Life

Please complete the declaration below: The Fund requires to establish whether the Pensioner or Dependant is still alive.

I														hereby declare that I am the legal member or dependant of the		
Renaissance Health Medical Aid Fund in terms of the Fund Rules.																
Signature of Pensioner								Date	D	D	M	M	Y	Y	Y	Y

All completed forms should reach the Administrator before 30th June 2023:

Contact Person: Prosperity Health Namibia

Fax: +264 61 222 161

email: rmamember@prosperitynam.com

## Section C - Dependant Details

I.D. / Passport no	First Name	Surname	Relationship	Gender	Date of Birth								
				F	M	D	D	M	M	Y	Y	Y	Y
				F	M	D	D	M	M	Y	Y	Y	Y
				F	M	D	D	M	M	Y	Y	Y	Y

## Section D - Employment Details *(Kindly tick appropriate box / compulsory for members belonging to an Employer Group)*

Private	Company		CB Number																			
Company Name																						
Telephone Number																						
Employee Number														Employment Date	D	D	M	M	Y	Y	Y	Y
Management Representation										Date	D	D	M	M	Y	Y	Y	Y				
Name													Company Stamp									
Designation																						
Authorised Signatory Signature																						