

FORM D
(To be completed on Retirement or Death of a member)

DETAILS OF SALARY EARNED

Highest average salary earned by the taxpayer during any 5 consecutive years in the service of the employer during his membership of the fund:

YEAR	SALARY
TOTAL	

Average for 5 years or lesser period if employee employed for lesser period

ON DEATH:

The members salary during 12 months immediately preceding death

NOTE:

Salary includes any amount received or receivable annually under a contract of service as well as cost of living allowances, commission, shares of profits, etc., but not occasional bonuses or fees which were dependant on the whim of Directors or employer.

DETAILS OF EMPLOYER:

NAME

PAYE Reference No.

Contact Person

Telephone No.

Postal Address

Postal Code

Physical

Address

Postal Code

Certified to be true and correct.

(ccyy) (mm) (dd)

Signature

DATE