FOR LOCAL GOVERNMENT

BENEFICIARY ADMINISTRATION

CHANGE OF CONTACT/BANKING DETAILS FORM

Please select one of the following options:	
I am a **parent/guardian/caregiver** wanting to change my contact/banking details.	
I am a **major beneficiary** (18 years and older) wanting to change my contact/banking details.	

SECTION A	**New contact details of minor beneficiary/major beneficiary/parent/guardian**		
Title, full names and surname			
ID number		Beneficiary reference number	
Contact number(s)	h	c	
E-mail address			
Home address		Postal address	

SECTION B	**Banking details**				
Name of account holder		Name of bank			
Account number		Branch code			
Account type	Savings ☐	Cheque ☐	Current ☐	Transmission ☐	

PLEASE NOTE THE FOLLOWING:

- Payments can only be made to the above types of accounts i.e. no credit card, bond account.
- Payments may not be made to a third party.
- Payments cannot be divided into different amounts into different bank accounts.
- A Post Office savings account is not allowed.

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SECTION C	Documents to be submitted with the application	Attached	
1	If change in respect of a **parent, guardian, caregiver** or a **major beneficiary**: An original certified copy of the Identity Document or Smart ID card (include both sides), not older than three months.	YES ☐	NO ☐
2	If change in respect of a **minor beneficiary**: An original certified copy of the Identity Document, Smart ID card (include both sides) or the birth certificate, not older than three months.	YES ☐	NO ☐
3	Proof of bank account (bank statement) of the new bank account (not older than three months).	YES ☐	NO ☐

PLEASE NOTE
All affidavits and certified documents must contain a clear certification stamp and the Commissioner of Oaths' signature, name, designation, business address, and date of certification. If certified by a SAPS official, their rank and rank number must appear on the affidavit or certified document.

SECTION D Declaration

Declaration by the parent/guardian/caregiver/major beneficiary

I, the undersigned parent/guardian/caregiver/major beneficiary, hereby confirm that:

- The information given herein is true and correct.
- In the event that I have completed SECTION B of this form, I am the account holder on the above-mentioned bank account. I instruct and authorise the Fund to pay all monies due to me in accordance with my instructions above.

Signature of parent/guardian/caregiver/major beneficiary _____ Date _____

Please e-mail the completed documentation to crfchildrenpension@crfund.co.za

Consolidated Retirement Fund for Local Government Reg. No. 12/8/32689/2

Postal Address PO Box 4740, Tygervalley, 7536
Cape Town Office CRF Building, 4 Bridal Close, Tyger Falls, Bellville, 7530

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WhatsApp 021 915 3500
E-mail crfchildrenpension@crfund.co.za