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AFFIDAVIT FORM:
Declaration of Income

If you are exempted from submitting a SARS tax return or cannot provide a tax return/assessment, please complete the following affidavit. A Commissioner of Oaths must sign this affidavit.

Member Name:

Member Number

My total monthly income* is currently R

I acknowledge that the Fund's definition of income for retirees is the Pension Income. This declaration confirms that my income* has changed to the aforementioned amount since the date of my retirement.

**Income refers to pension income from GPAA.*

I, the undersigned, hereby warrant that all information given in this declaration is true, correct and complete in every respect.

Member's signature:

Date: D D M M Y Y Y Y

A Commissioner of Oaths must complete this section.

Commissioner Name:

Signature: Commissioner of Oaths

STAMP

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