POLMED
OUR INVESTMENT OUR HEALTH OUR FUTURE

Affidavit Form: Declaration of Income

Member Name:

Member Number

My total monthly income is currently R

I acknowledge that the Fund's definition of income for retirees is the gross monthly income from any source, including pension or annuity fund. This declaration confirms that my income has changed to the aforementioned amount since the date of my retirement.

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

Postal Address: Private Bag X16, Arcadia, Pretoria, 0007 • **Call Centre**: 0860 765 633 • **Fax:** 0860 104 114
Website: www.polmed.co.za • **Email:** polmed@medscheme.co.za