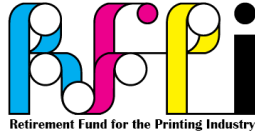


PRINTING INDUSTRY PENSION FUND

FOR SATU MEMBERS



Principal Officer
4 Estcourt Avenue
Wierdapark
Centurion
0157

Tel: (012) 338-2000
Fax: 086 626 9857
transfin@transfin.co.za

CERTIFICATE OF LIFE

For AUDIT and ACTUARIAL PURPOSES this certificate must be completed and **urgently** returned to us at your earliest convenience either by fax, email or post to:

Fax: 086 624 0180 / 086 623 1467
Email: col@transfin.co.za
Postal Address: Printing Industry Pension Fund for SATU Members
4 Estcourt Avenue
Wierdapark, Centurion, 0157

Our website address where this Certificate of Life and other important information and forms can be obtained from is: www.rfpi.co.za

Pensioner full names	<table border="1" style="margin: auto;"> <tr> <td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td> </tr> </table> <p style="text-align: center;">Pension Number</p>																	
Signature of Recipient	<table border="1" style="margin: auto;"> <tr> <td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td> </tr> </table> <p style="text-align: center;">ID Number</p>																	

This section to be completed and signed by a Magistrate, Justice of the Peace, Commissioner of Oaths, Minister of Religion, Medical Practitioner, Post Master or non-commissioned Officer of the Police.

The official stamp of the official should be impressed.

I HEREBY CERTIFY THAT THE ABOVE PERSON is known to me or has furnished proof of identity and that he/she is alive and seen by me on _____.

SIGNATURE : _____ QUALIFICATIONS : _____ ADDRESS : _____	<div style="border: 1px solid black; width: 100%; height: 100%; padding: 20px;"> <p style="margin: 0;">OFFICIAL STAMP</p> </div>
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IMPORTANT: To be completed by pensioners for record purposes.

LANDLINE: _____	CELL: _____
EMAIL ADDRESS: _____	
CHANGE OF ADDRESS: RESIDENTIAL: _____	POSTAL: _____

Principal Officer: MD Oosthuizen
FSCA Registration No: 12/8/23803/2

Trustees: Dr AM Mahomed • S Ramdheo • A Read • CD Conrادية • S Lange • P Lacy (I) • CH Bösenberg (I)
MK Maluleke • F Fouché • AB Hartley • AC Michael • EW De Klerk (A) • X Mavuso (A)