



NATIONAL TERTIARY RETIREMENT FUND

The Marc, 129 Rivonia Road, Sandton, Cnr Rivonia Road, and Maude Street 2196

☎ TEL: 011 258 8825 ☐ Info@gobenefits.co.za | NTRF@momentum.co.za

### DATA VERIFICATION FORM

Kindly complete and return this form with the required information

#### PERSONAL DATA (To be completed by Pensioner)

SURNAME AND FULL NAMES: \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_

ID/PASSPORT NUMBER : 

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GENDER : \_\_\_\_\_

DATE OF RETIREMENT : \_\_\_\_\_

CURRENT MARITAL STATUS: \_\_\_\_\_

DATE OF MARRIAGE : \_\_\_\_\_  
(If applicable)

POSTAL ADDRESS : \_\_\_\_\_  
.....

TELEPHONE NUMBER(S) : Home ( \_\_\_\_\_ ) Cell \_\_\_\_\_

EMAIL ADDRESS : \_\_\_\_\_

#### SPOUSE'S DETAILS (Only applicable if your spouse is still alive)

SURNAME AND FULL NAMES: \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_

ID/PASSPORT NUMBER : 

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#### SURVIVING CHILDREN

Surname and Full Name of Child	Date of Birth	Telephone number or email address

#### IF A CHILD IS DEPENDENT DUE TO STUDY OR A MEDICAL DISABILITY, KINDLY INDICATE

- Name of child. ....
- Date diagnosed as medically disabled. ....
- Nature and origin of medical disability? .....