

COMMUNICATIONS AND ALLIED INDUSTRIES PENSION FUND

FULL COMMUTATION ELECTION FORM

Full Names:.....

Pension Number:.....

National Registration Number:.....

Monthly Pension:.....

DELETE THE INAPPLICABLE

I hereby elect to commute my monthly pension in full. I acknowledge that such election will release the Fund from liability regarding any future claims on my pension.

OR

I hereby elect not to commute my pension in full

Date:.....

Signature:.....

This form once duly completed must be sent to The Chief Executive Officer, P.O Box CY1067, Causeway, Harare, Zimbabwe.

NOTE: Only original hand written forms will be acceptable and acted upon. Faxes and E-mail will not be accepted.