

**COMMUNICATIONS AND ALLIED INDUSTRIES PENSION FUND**

**The Chief Executive Officer  
CAI Pension Fund  
P.O Box CY 1067  
Causeway  
HARARE**

**NOTE:** You should consult Pension Fund immediately if you **DO NOT** wish to commute. You will then be informed of the consequences of such a decision.

**APPLICATION FOR COMMUTATION OF PENSION**

In accordance with Rules for Contributing Members Number 49, I hereby make application to commute a part of my pension entitlement.

My full names are:-

SURNAME: \_\_\_\_\_

CHRISTIAN NAMES: \_\_\_\_\_

The commencing date of my pension is \_\_\_\_\_

I desire to commute the maximum one third of my annual pension.

I acknowledge and understand that the commutation is only effective and due and payable after the date of my retirement.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE