



Administered by Universal Healthcare (Pty) Ltd
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Affidavit Form: Declaration of Income

If you are exempted from submitting a SARS tax return or cannot provide a tax return/assessment, please complete the following affidavit. A Commissioner of Oaths must sign this affidavit.

Main Member Name:

Surname:

ID Number:

Membership Number:

My total monthly income* is currently R

I acknowledge that the Fund's definition of income for retirees is the value of the last salary received from the Employer. This declaration confirms that my income* has changed to the aforementioned amount since the date of my retirement.

** Income includes, but is not limited to, average monthly earnings over the last 12 months from guaranteed earnings, guaranteed allowances, company contributions and variable pay or commissions from employment (including self-employment and informal employment), pension and annuity proceeds, interest earned on active and passive investments, including rental income from leasing properties and distributions received from a trust.*

I, the undersigned, hereby warrant that all information given in this declaration is true, correct and complete in every respect.

Member's signature:

Date:
(DD/MM/YYYY)

A Commissioner of Oaths must complete this section.

Commissioner Name:

Signature: Commissioner of Oaths

STAMP