

Benefit Claim Form

Confidential

No benefit will be paid before this instruction is in the possession of Absa Consultants and Actuaries

SECTION A: MEMBER'S PERSONAL PARTICULARS (Please include a copy of your Identity Document)

Member's employer

Please indicate type of claim

Withdrawal claim Please complete sections A, B, D, E and F of this form

Retirement claim Please complete sections A, C, D, E and F of this form

Death claim Please complete section A as well as the Fund Death Claim pack

Initials and surname

Member number

ID number Gender

ID/Passport number Marital status

Income tax number

Postal address

Home address

Cell number Date of birth

Home telephone number Alternate contact details

Personal email address

Date of last contribution Exit date

If above dates differ, please provide reasons

SECTION B: WITHDRAWAL CLAIM (Employer to complete)

Please indicate type of withdrawal

Resignation Dismissal Retrenchment

Was the member a director of the employer? YES NO

Did the member ever owe more than 5% of the share capital of the employer? YES NO

Does the member want to make use of the special tax dispensation on retrenchment? YES NO

(it is important to obtain financial advice before answering this question)

Annual Pensionable Salary on date of withdrawal

Note to employer:

1 The member must complete point 1 under section E

SECTION C: RETIREMENT CLAIM (Employer to complete)

Please indicate type of retirement

Normal Retirement Early retirement Late retirement Ill-health retirement

Annual Pensionable Salary on date of retirement Retirement date

Note to employer:

1 The member must complete point 2 under section E

SECTION D: CLAIMS AGAINST THE MEMBER'S BENEFIT

1 **Divorce order** YES NO

If yes, please attach original Certified copy of the divorce order and settlement agreement (if not already submitted)

2 **Maintenance Order** YES NO

If yes, please attach original Certified copy of the maintenance court order (if not already submitted)

3	Prior Claim by Employer against member for fraud/dishonesty/misconduct	YES	NO
If yes, please attach a copy of the employee's written admission of liability or Court Order awarding compensation to the Employer			
4	Housing Loan	YES	NO
If yes, please attach document(s) confirming the housing loan/collateral			

SECTION E: MEMBER SELECTION AND AUTHORISATIONS (it is important to obtain financial advice before electing a benefit option)

1 **Payment options in case of a WITHDRAWAL CLAIM (Please select one of the options below)**

Pay full benefit in cash (You are entitled to receive this benefit in the form of a lump sum payment in cash and the benefit will be subject to tax.)				
Transfer full benefit to another pension or provident fund/preservation fund/retirement annuity fund (Please provide details of the receiving fund where the benefit should be transferred to, including contact details. When transferring to a retirement annuity fund, please provide us with a signed copy of the application form)				
Name of receiving fund				
Contact person		Telephone number		
Email address				
Pay a portion of the benefit in cash and transfer the remainder to a preservation fund/retirement annuity fund (Please provide details of the receiving fund where the portion of the benefit should be transferred to including contact details. When transferring to a retirement annuity fund, please provide us with a signed copy of the application form)		Indicate the % or R amount to be paid in cash		
Paid-up benefit in the Fund if Rules of the Fund provide for this				
No payment option instructions available yet				
Do you require a quote on the conversion of risk cover to an individual policy?			YES	NO
Do you require to be contacted by a financial adviser for benefit investment advice?			YES	NO

2 **Payment options in case of a RETIREMENT CLAIM (Please select one of the options below)**

Pay full benefit in cash (Provident Funds ONLY)				
Use full benefit to receive a compulsory annuity from the Fund/to purchase a compulsory annuity from an insurer (Please provide a copy of the application or policy document and contact details of receiving insurer if applicable)				
Name of receiving insurer				
Contact person		Telephone number		
Email address				
Pay a portion of the benefit in cash and use the remainder to receive/purchase a compulsory annuity. In case of a pension fund, the maximum cash portion is one-third. (Please provide a copy of the application or policy document and contact details of receiving insurer if applicable)		Indicate the % or R amount to be paid in cash		
Name of receiving insurer				
Contact person		Telephone number		
Email address				
No payment option instructions available yet				
Do you require to be contacted by a financial adviser for benefit advice?			YES	NO

SECTION F: MEMBER'S BANKING DETAILS (no payment can be made to a 3rd party)

Name of accountholder		Branch code		
Name of bank		Account number		
Please indicate type of account: (copy of bank verified/stamped statement is required)				
Current account	Savings account	- Payments cannot be done to a joint account, credit card account, loan account or call account - Payments cannot be split into different bank accounts		

Authorisation is hereby irrevocably given to the Fund and Absa Consultants and Actuaries to pay whatever benefit is due to the member by EFT into the bank account details provided. If incorrect banking details are provided, Absa Consultants and Actuaries cannot be held liable, the onus lies with the member.

4 **Declaration by member**

I, the undersigned member hereby confirm that:

- I understand that where the Fund has established a policy for the processing of claims and disinvestment of assets applicable to the Fund as a whole, the fund policy on disinvestments will be effected on my exit date from the Fund. Absa Consultants and Actuaries do not accept liability for any losses as a result of fluctuation due to the timing of disinvestments of my benefit from the market,
- I understand that the finalisation of my benefit claim will be subject to the normal turn-around time as agreed between Absa Consultants and Actuaries and the Fund, applicable from the time of receipt of final written payment instructions (if not submitted together with this Benefit Claim Form),

- The information given in this Benefit Claim Form and all accompanying documentation is true and correct. I understand that Absa Consultants and Actuaries and the Fund will not under any circumstances accept any liability arising from incorrect information provided in/with the Benefit Claim form, as the liability for correct completion rests with me,
- I am the accountholder on the abovementioned bank account,
- I have received a copy of the relevant information brochure and all the options have been explained to me,
- I instruct and authorise Absa Consultants and Actuaries to pay all monies due in accordance with my instructions above, and
- I understand and agree that payment by electronic transfer as specified in this Benefit Claim Form will constitute good and effectual settlement, fully and finally discharging Absa Consultants and Actuaries and the Fund of any liability in terms of the rules of the Fund.

Member's signature _____

Date _____

5 Declaration by employer representative

I, the undersigned representative of the employer hereby certify that:

- All particulars furnished in this form and accompanying documentation are true and correct,
- The options in terms of the Rules of the Fund have been fully explained to the member,
- The member is fully aware of the contents of this form and any liabilities that he/she may have, and
- The signature above is that of the aforementioned member and I have verified all the information provided.

Signed on behalf of Employer _____

Full Name _____

Designation: _____

Date: _____

Company
stamp