Robson • Savage

DIVORCE BENEFITS DUE TO NON-MEMBER FORMER SPOUSE PAYMENT INSTRUCTION

Please help us to pay your benefit quickly and smoothly by completing this form in full and in CAPITAL LETTERS.																								
Name of Member's Fund:																								
Name of Employer/Paycentre:																								
MEMBER'S DETAILS																								
Surname:																								
Initials:] F	First N	lame	es:																			
RSA ID Number:													Da	te o	f Bir	th:	D	D	M	Μ	Y	Y	Y	Y
NON-MEMBER FOR	MER S	POUS	SE'S D	DET		S																		
Surname:																								
Initials:] F	First N	lame	es:																			
RSA ID Number:													Da	te o	f Bir	th:	D	D	M	Μ	Y	Y	Y	Y
If no RSA ID Number, Passport Num			umber	:																				
Country of Issue:																								
Physical Address:																								
Unit Number:				Сс	omp	lex	Nan	ne:																
Street Number:					Stre	eet	Nan	ne:																
Suburb:]	Том	/n:												
Country:													Po	stal	Cod	de:								
Postal Address:																								
													Po	stal	Cod	de:								
Contact Details:																								
Telephone Numbers:]											
C	or:]											
E-mail Address:																								
Income Tax Number:]														
Current Annual Taxab	ole Sala	ary:		R								.]									

PAYMENT INSTRUCTION (tick appropriate box and complete the sections as indicated)

You are strongly encouraged to preserve your benefit for your eventual retirement, and to seek professional financial advice before deciding what to do with your benefit. Should you require financial advice, please contact the fund administrator on 011 643 4520 for assistance.

Please note that all benefit payments are subject to current tax legislation.

Full benefit to be paid to me in cash.	(Complete Section 1 below)
Full benefit to be transferred to another approved fund.	(Complete Section 2 below)
Full cash payment/part transfer to another approved fund.	(Complete Section 1 and 2 below)
Specify amount to be taken in cash:	R

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PAYMENT INSTRUCTION – SECTION 1

inpertant. I lease choire that the details provided below are for your own bank decount																							
Account Name:																							
Account Number:]	Acc	oun	t Ty	be:						
Bank Name:																							
Branch Name:]	Bra	nch	Cod	de:				
	PAYMENT INSTRUCTION – SECTION 2																						
PAYMENT INSTRUC	CTION	– SI	ЕСТ	ION	2																		
PAYMENT INSTRUC Name of Approved F		– SI	ЕСТ		2																		
		– SI	ECT		2																		
	und:					Nan	ne:																

Important: Please ensure that the details provided below are for your own bank account

DECLARATION

E-mail Address:

I hereby confirm that:

- the details provided herein, in particular my banking details, are true and correct in every way;
- I understand the options available to me with regards to the payment of my benefit, including the tax implications;

- in the event of any loss suffered as a result of any incorrect details provided herein, neither the fund nor Robson Savage can be held liable for such losses;
- I understand and accept that an administration fee of R1000 inclusive of VAT will be deducted from my benefit in order to effect the payment.

Signature of Non-Member Former Spouse: Date:	D	D	M
		-	

Documents to be submitted together with this form:

- Copy of non-member former spouse's ID
- Proof of banking details (This can be a copy of a bank statement on the bank's letterhead, a copy of a cancelled cheque or a letter from the bank on the bank's letterhead confirming the account name and the account number.)
- Certified copy of divorce decree, correct in terms of the Pension Funds Act, if not already provided