

**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:

 First Names:

RSA ID Number:

 Date of Birth:

NON-MEMBER FORMER SPOUSE'S DETAILS

Surname:

Initials:

 First Names:

RSA ID Number:

 Date of Birth:

If no RSA ID Number, Passport Number:

Country of Issue:

Physical Address:

Unit Number:

 Complex Name:

Street Number:

 Street Name:

Suburb:

 Town:

Country:

 Postal Code:

Postal Address:

Postal Code:

Contact Details:

Telephone Numbers:

or:

E-mail Address:

Income Tax Number:

Current Annual Taxable Salary: R

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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 <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> . <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>

