WITHDRAWAL NOTIFICATION

Please help us to pay your benefit quickly and smoothly by completing this form in full and in CAPITAL LETTERS.																										
Name of Fund:																										
Name of Employer/Pay centre:																										
MEMBER'S DETAILS																										
Surname:																										
Initials: First Names:																										
RSA ID Number:														Da	ate c	f Bir	th:	D	D	M	M	Υ	Υ	Υ	Υ	
If no RSA ID number, Passport Number:																										
Country of Issue:																										
Physical Address:																										
Unit Number:			Complex Name:																							
Street Number:			Street Name:																							
Suburb:												To	wn:													
Country:												Po	stal	Cod	de:											
Postal Address:																										
												Po	stal	Cod	de:											
Contact Details:																										
Telephone Number	ers:																									
		or:																								
E-mail Address:																										
				Ш	<u></u>	<u> </u>																				
Income Tax Numb	oer:			Ш	<u></u>	<u> </u>								-	-		umb									
Date of Withdrawa	al:		D	D	M	M	Υ	Υ	Υ	Υ			Ν	1ont	h of	Fina	al Co	ontri	butio	on:	M	M	Υ	Υ	Υ	Υ
If applicable , Per		Emp	loyn	nent <u>c</u>	outs	<u>side</u>	RS	4 pr	ior t	o wit	hdra	wal	:			,										
Completed Years:						Fro	m:	D	D	M	M	Υ	Υ	Υ	Υ		Т	ō:	D	D	M	M	Υ	Υ	Υ	Υ
REASON FOR W	VITHD	RAV	NAL	_ (ticl	k ap	pro	pria	te b	ox)																	
Resignation				Dismi	issa	ıl				Qι	ıalify	ing	Retr	ench	nme	nt*										
* The member's ter																										
The employThe member																										
in a particul	lar class	s of p	perso	onnel	l.																					
Provided that thi employer is a co																										
company.	, ,																									
IS THERE A HOUSING LOAN FROM THE FUND OR GUARANTEED BY THE FUND TO BE SETTLED FROM YOUR WITHDRAWAL BENEFIT?																										
No			Ye	s. If	yes	, ple	ase	prov	/ide	deta	ils:															
Lender:											A	ppro	oxim	ate '	Valu	ıe:	R] .		
IS THERE A DIVO	ORCE (ORD	ER	OR I	MAI	NTE	NA	NCE	OF	RDEF	₹ ТО	ВЕ	PA	D F	ROI	M Y	OUR	WI	THE	RA	WAI	_ BE	NE	FIT?	•	
No			Ye	s. If	yes	, ple	ase	prov	/ide	a co	ру о	f the	cou	ırt o	rder											
IS THERE ANY	INDFR	TFC	NF	SS T	.o .	THE	FM	PI (ΥF	R T	O RI	F D	FDI	ICTI	FD	FRC	M V	(OI	IR \	VITI	-IDR	ΔW	ΔΙ	BFN	IFFI	T?
(Section 37D of the suffering loss due	IS THERE ANY INDEBTEDNESS TO THE EMPLOYER TO BE DEDUCTED FROM YOUR WITHDRAWAL BENEFIT? (Section 37D of the Pension Funds Act allows for the deduction of amounts from the member's benefit in the event of an employer suffering loss due to a member's theft, dishonesty, fraud or misconduct, where the member has admitted liability in writing or a court judgement has been obtained. If there is a pending court case, the benefit or a portion of the benefit can be held by the fund																									
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PAYMENT INSTRUCTION (tick appropriate box and complete the sections as indicated)

You are strongly encouraged to preserve your fund benefits 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 your 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 in cash to member.											(Complete Section 1 below)											
Full benefit to be trans	Full benefit to be transferred to another approved fund.										(Complete Section 2 below)											
Part cash payment/ pa	art trans	fer to a	noth	er ap	opro	ved	fun	ıd.			(Complete Section 1 and 2 below)											
Specify amount to be	taken ir	cash:									R											
PAYMENT INSTRUCTION -	SECTIO	ON 1																				
Important: Please ensure that	at the de	etails pr	ovid	ed be	elow	are	for	the i	mer	nbe	r's o	wn b	ank	acc	oun	ıt						
Account Name:																						
Account Number:											Bank Name:											
Branch Name:											Branch Code:											
PAYMENT INSTRUCTION – SECTION 2																						
Name of Approved Fund:																		\perp				
					Ш							<u> </u>	<u> </u>			<u> </u>	<u> </u>	뉴	<u> </u>	느		Щ
Broker/administrator's contac	:	Nar	ne:	Ш			Щ								<u> </u>	<u> </u>	뉴	<u> </u>	뉴		\square	
Telephone Numbers:			<u> </u>	<u> </u>						C	or	1				<u> </u>	<u> </u>	\vdash	\perp	느		
E-mail Address:																		+	-	-		
MEMBER'S DECLARATIO	N						-												_	_		_
 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. the employer nor Robson Savage can be held liable for such losses; I acknowledge that my benefit will be disinvested and held in the fund's bank account until such time as payment of the benefit is made in terms of my payment instruction. The only exception to this practice will be where the administrator is instructed in writing not to disinvest the monies or where a separate agreement is in place on the fund in terms of the disinvestment of withdrawal benefits. (For further information please contact your fund administrator); I understand that in terms of legislation, any benefit which is due to me, and which has not been paid within 24 months from the date it first became due to me in terms of the rules of the fund, will become an "unclaimed benefit" and may be transferred to an unclaimed benefits fund as decided by the trustees. 																						
Member's Signature:											Date: D D M M Y Y Y Y											
EMPLOYER'S DECLARAT	ION																					
I hereby confirm that: • the information contained herein is correct, and in particular, that the member's banking details provided have been confirmed as correct; • the employer has made available to the member a copy of the "Options when leaving a retirement fund" document; • the employer will endeavour to ensure that the member signs this form; • where the member has not signed this form, the employer shall sign on behalf of the member.													en									
Employer Stamp		Authorised Signa Na																				
														D	D	M	M	Υ	Y	Υ	Υ	

Documents to be submitted together with this form:

- Copy of member'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.)

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