

## RETIREMENT 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: 



 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: 



 Employee Number:

Date of Retirement: 



 Month of Final Contribution:

**If applicable, Period of Employment outside RSA prior to retirement:**

Completed Years: 



 From: 



 To:

**TYPE OF RETIREMENT** (tick appropriate box)

Normal       Early       Ill-health       Late

**IS THERE A HOUSING LOAN FROM THE FUND OR GUARANTEED BY THE FUND TO BE SETTLED FROM YOUR RETIREMENT BENEFIT?**

No       Yes. If yes, please provide details:

Lender: 



 Approximate Value: R 



 .

**IS THERE A DIVORCE ORDER OR MAINTENANCE ORDER TO BE PAID FROM YOUR RETIREMENT BENEFIT?**

No       Yes. If yes, please provide a copy of the court order.

**IS THERE ANY INDEBTEDNESS TO THE EMPLOYER TO BE DEDUCTED FROM YOUR RETIREMENT 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 until the case has been finalised. In such instances the case number will be required.)

No       Yes. If yes, please provide a copy of the court order or member's written admission of liability.

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

You are strongly encouraged 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)  
Note: This option is only available if:  
▪ you are a member of a Provident Fund, or  
▪ you are a member of a Pension Fund and your gross benefit is less than R247,500.00.

Full benefit to be used to purchase a pension. (Complete **Section 2** below)

Part cash payment/ part purchase of pension. (Complete **Section 1 and 2** below)  
Specify % or amount to be taken in cash:  ,  % or R  .   
Note: This amount cannot be more than 1/3<sup>rd</sup> of your benefit if you are retiring from a Pension Fund.

**PAYMENT INSTRUCTION – SECTION 1**

**Important:** Please ensure that the details provided below are for the member's own bank account

Account Name:

Account Number:  Bank Name:

Branch Name:  Branch Code:

**PAYMENT INSTRUCTION – SECTION 2**

Name of Insurer:

Broker's contact details: Name:

Telephone Numbers:  or

E-mail Address:

**MEMBER'S DECLARATION**

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 retirement 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:

**EMPLOYER'S DECLARATION**

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.

Employer Stamp

Authorised Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date:

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.)