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RSA ID Number:		1	_						╅	Di	ate (of Bir	rth:	D	D	M	M	Υ	Υ	Υ	Υ
If no RSA ID number, Passport Number:																					
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Current Annual Taxable Sa	lary:	R								<u></u> .											
IS THERE A DIVORCE ORDER AND/OR MAINTENANCE ORDER TO BE PAID FROM YOUR WITHDRAWAL BENEFIT?														?							
No	Yes. If	f yes, pl	ease	prov	ide a	a co	py of	f the c	our	t orde	r(s).										
TYPE OF WITHDRAWA	L (tick ap	propria	ite bo	ox)																	
Full Withdrawal/Transfe	r																				
Partial Once-off Withdra				_		_	_		۰,	-			ı	1					1		
Specify % or amount to	be withd	rawn:				,			%	or R									· ·		
PAYMENT INSTRUCTIO																	ofoo	-:	ol fi		a:a1
You are strongly encourage advice before deciding what																					
options, please contact the																		Ū		0,	
Plea	se note t	that all	bene	fit pa	aym	ents	s are	subje	ect	to cu	rren	t tax	leç	gisla	tion	•					
Benefit to be paid in cash to member. (Complete Section 1 below)																					
Note: This option is	only ava	ilable if	you h	nave	not y	yet r	made	use o	of y	our or	ice-	off w	ithd	rawa	l op	tion	from	the	fun	d.	
Benefit to be transfe	erred to a	nother	appro	ved	fund					(Co	omp	lete	Sec	tion	2 be	elow)				
Note: If you are a member of the Acumen Preservation Pension Fund, you may NOT transfer to a provident fund.											ıd.										
Part cash payment/ transfer balance to another approved fund. (Complete Section 1 and 2 below)																					

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provident fund.

Specify amount to be taken in cash:

Note: This option is only available if you have not yet made use of your once-off withdrawal option from the fund. Note: If you are a member of the Acumen Preservation Pension Fund, you may NOT transfer any balance to a

PAYMENT INSTRUCTION – SECTION 1																									
Important: Please ensure that the details provided below are for the member's own bank account																									
Account Name:																									
Account Number:														В	Bank Name:										
Branch Name:														Branch Code:											
PAYMENT INSTRUCTION – SECTION 2																									
Name of Approved Fo	und:																								
Broker/administrator's contact details: Name:																									
Telephone Numbers:												C	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 nor Robson Savage can be held liable for such losses; I understand that on receipt of this form the administrator will disinvest my fund value into the fund's bank account and that this could take up to 5 working days; that the money will be held in the bank account earning bank interest until payment is made; and that Robson Savage cannot be held responsible for the impact of market fluctuations during these processes; I understand that transfers between funds are regulated by the protective measures of Section 14 of the Pension Funds Act and that the transfer process may take some time; further there may be costs involved which will be advised to me by the administrator if applicable. 																									

Documents to be submitted together with this form:

Copy of member's ID

Member's Signature:

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.)

Date:

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