## **ACUMEN RETIREMENT ANNUITY FUND**

## **DEATH BEFORE RETIREMENT NOTIFICATION**

Please assist us by completing this form in full and in CAPITAL LETTERS.

| Surmame:   | MEMBER'S DETAILS  |
|--|---|
| RSA ID Number:   | Surname:  |
| If no RSA ID number, Passport Number: Country of Issue: Last Physical Address: Unit Number: Complex Name: Complex Name: Country:  | Initials:   |
| Country of Issue: Last Physical Address: Unit Number: Complex Name: Complex Name: Street Number: Street Number: Country: | RSA ID Number:         D         M         Y         Y         Y  |
| Last Physical Address:   Unit Number:   Street Number:   Street Name:   Juburb:   Country:   Last Postal Address:   Postal Code:   Last Postal Address:   Last Postal Address:   Postal Code:   Last Postal Address:   Current Annual Taxable Salary:   R   Date of Death:   O   Yes. If yes, please provide a copy of the court order(s).   The trustees of the Acumen Retirement Annuity Fund need to conduct an investigation in terms of Section 37C of the Pension Funds Act in order for them to be able to make an informed decision with regards to the distribution of the deceased. Name:  Please note that all benefit payments are subject to current tax legislation.   COMPLETED BY:   Name:   Signature:   Signature:   | If no RSA ID number, Passport Number:   |
| Unit Number: Complex Name:   Street Number: Street Name:   Suburb: Town:   Country: Postal Code:   Last Postal Address:   Income Tax Number:   Current Annual Taxable Salary:   Relationship to the Deceased:   Postal Code:   Image:   Postal Code:    Postal Code:    Postal Code:  Image: Postal Code:  Postal Code:  Postal Code:  Image: Postal Code:  Postal Code: <   | Country of Issue:   |
| Street Number: Street Name:   Suburb: Town:   Country: Postal Code:   Last Postal Address:     Income Tax Number:   Current Annual Taxable Salary:   R   Date of Death:   Image:   Yes. If yes, please provide a copy of the court order(s).   The trustees of the Acumen Retirement Annuity Fund need to conduct an investigation in terms of Section 37C of the Pension Funds Act in order for them to be able to make an informed decision with regards to the distribution of the decased.   Name:   Image:   Image: <t< td=""><td>Last Physical Address:</td></t<>  | Last Physical Address:  |
| Suburb:  | Unit Number: Complex Name: Complex Name:  |
| Country:   | Street Number: Street Name: Street Name:  |
| Last Postal Address:   | Suburb:         Town:         I <th< td=""></th<> |
| Income Tax Number:   Current Annual Taxable Salary:   R   Date of Death:   Is THERE A DIVORCE ORDER AND/OR MAINTENANCE ORDER TO BE PAID FROM THE DEATH BENEFIT?   No   Yes. If yes, please provide a copy of the court order(s).   The trustees of the Acumen Retirement Annuity Fund need to conduct an investigation in terms of Section 37C of the Pension Funds Act in order for them to be able to make an informed decision with regards to the distribution of the death benefit. Please provide us with the details below of someone whom the trustees can contact to obtain the necessary information regarding possible dependents of the deceased.   Name:   Please note that all benefit payments are subject to current tax legislation.   COMPLETED BY:    Name:   Name:   Signature:  | Country: Postal Code:   |
| Income Tax Number:   | Last Postal Address:  |
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| Date of Death:     Date of Death:     Is THERE A DIVORCE ORDER AND/OR MAINTENANCE ORDER TO BE PAID FROM THE DEATH BENEFIT?     No     Yes. If yes, please provide a copy of the court order(s).   The trustees of the Acumen Retirement Annuity Fund need to conduct an investigation in terms of Section 37C of the Pension Funds Act in order for them to be able to make an informed decision with regards to the distribution of the death benefit. Please provide us with the details below of someone whom the trustees can contact to obtain the necessary information regarding possible dependents of the deceased.   Name:   Name:   Please note that all benefit payments are subject to current tax legislation.   COMPLETED BY:   Relationship to the Deceased:   Name:   Signature:  | Income Tax Number:  |
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| Please note that all benefit payments are subject to current tax legislation.         COMPLETED BY:         Name:  | Relationship to the Deceased:   |
| COMPLETED BY:       Name:  | Contact Numbers:  |
| Name:  | Please note that all benefit payments are subject to current tax legislation.   |
|  |   |
|  | Signature:  |
|  |   |

Documents to be submitted together with this form:

Original certified copy of death certificate Original certified copy of member's ID •

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Please note that further documents will be required at a later stage in order for the benefit payments to be made.

Note: On notification of the death of the member the member's fund credit will be disinvested and held in the fund's bank account, earning bank interest, until such time as payment of the benefit is made.