

**RETIREMENT FAST TRACK CLAIM PAYMENT INSTRUCTION FORM**

**Please note that this form, including supporting documents, must reach the administrators at least 10 working days prior to the member's date of retirement.**

- Please help us to pay your benefit quickly and smoothly by completing all sections in full using CAPITAL letters.
- Indicate all options selected by means of a cross [X].
- Ensure that all information provided is accurate.
- Should you require any assistance with this form please contact Robson Savage (Pty) Ltd on 011 643 4520.

**FUND DETAILS**

Name of Fund:	
Name of Employer/Pay Centre	

**MEMBER DETAILS**

Title:		Surname:																																																																												
First Name(s):																																																																														
RSA ID Number:																					Date of Birth:	D	D	M	M	Y	Y	Y	Y																																																	
If no RSA ID Number, Passport Number :																																																																														
Country of Issue:																																																																														
<i>Physical Address</i>																																																																														
Unit Number:						Complex Name:																																																																								
Street Number:						Street Name:																																																																								
Suburb:																																				Town:																																										
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<i>Postal Address: Same as Physical Address (If not, please provide details below)</i>																																																																														
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E-mail Address:																																																																														
Preferred Method of Communication:																																																																														
																																			Post																																				E-mail							
Income Tax Number:																					Employee Number:																																																									
Date of Retirement:	D	D	M	M	Y	Y	Y	Y																																																																Month of final contribution:	M	M	Y	Y	Y	Y

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

Normal	Early	Ill-Health	Late
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**IS THERE A HOUSING LOAN FROM THE FUND OR GUARANTEED BY THE FUND TO BE SETTLED FROM YOUR BENEFIT?**

No	Yes (If yes, please provide details below)
Lender:	Approximate settlement value: R

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

No	Yes (If yes, please provide us with a copy of the court order)
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**IS THERE ANY INDEBTEDNESS TO THE EMPLOYER TO BE DEDUCTED FROM YOUR 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 a 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 us with a copy of the court order or the member's written admission of liability.)

**PAYMENT INSTRUCTION** (mark 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, or further information regarding the options available to you, 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 does not exceed 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.

Full benefit to be transferred to the fund selected below (choose one):

- Acumen Retirement Annuity Fund
- Acumen Preservation Pension Fund
- Acumen Preservation Provident Fund

(Proceed to **Declaration by Member** on page 3)

(Only available if you are transferring from a Provident Fund)

(All the above funds are Administered by Robson Savage (Pty) Ltd)

Full benefit to be transferred to a Preservation Fund or Retirement Annuity Fund (not administered by Robson Savage (Pty) Ltd).

(Complete **Section 3** below)

**PAYMENT INSTRUCTION – SECTION 1**

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

Bank Name:

Account Type:

Account Number:

**PAYMENT INSTRUCTION – SECTION 2**

Tick this box if you wish to make use of the fund's annuity strategy. (No further details required)

*If you are not using the fund's annuity strategy please provide the information requested below:*

Name of Insurer:

Broker's Contact Details: Name:

Telephone Number's:  or

E-mail Address:

**PAYMENT INSTRUCTION – SECTION 3**

Name of Fund:

Broker/Administrator's contact details: Name:

Telephone Number/s:  or

E-mail Address:

## DECLARATION BY MEMBER

I hereby confirm that:

- the details provided herein, in particular my banking details (if applicable), are true and correct in every way;
- in the event of any loss suffered as a result of any incorrect details provided herein, neither the fund, the employer nor Robson Savage (Pty) Ltd can be held liable for such losses;
- I am aware of the retirement benefits counselling that is available to me;
- I understand the options available to me with regards to the payment of my benefit, including the tax implications; and
- I acknowledge that once my benefit has been calculated and disinvested it will be held in the fund's bank account until such time as payment of the benefit is made in terms of my payment instruction.

\_\_\_\_\_  
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 (if applicable) have been confirmed as correct;
- the employer has made available to the member a copy of the "Options when leaving a retirement fund" document.

Employer Stamp

Authorised Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Note: Documents to be submitted together with this form:

- Copy of member's ID
- Proof of banking details if any part of the benefit is to be paid in cash to the member. (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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