Please tick the applicable box below:

ACUMEN PRESERVATION PENSION FUND ACUMEN PRESERVATION PROVIDENT FUND

WITHDRAWAL/TRANSFER NOTIFICATION

• 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.

MEMBER DETAILS																								
Title:	Surna	me:																						
First Name(s):																								
RSA ID Number:													Dat	e of	Birt	th:	D	D	М	М	Y	Ŷ	Y	Y
If no RSA ID Number, Pass	port Nu	mber:																						
Country of Issue:																								
Physical Address																								
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Street Number:			Street	t Nam	ie:																			
Suburb:]		Tow	n:													
Country:													Po	stal	Coc	de:								
Postal Address: Sa	ame as	Physica	l Add	ress ((If no	t, plea	ase j	orov	∕ide	deta	ils b	elow)											
													Po	stal	Cod	le:								
Contact Details:																								
Telephone Numbers:]	or													
E-mail Address:																								
Preferred Method of Comm	unicatio	n:				Post	-			E	-mai	I												
Income Tax Number:																								
Current Annual Taxable Sa	lary:	R																						
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PAYMENT INSTRUCTIO	DN (ma	rk appro	priate	e box	and o	comp	lete	the	sec	tions	as i	ndica	ated)										
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Should ye		re finan se conta															bie i	:o ye	ou,					
P	lease n	ote tha	t all k	benefi	it pay	ymen	ts a	re s	subj	ject t	o cu	irrer	t tax	leg	jisla	atio	n.							
Full withdrawal - ber		-											Corr	-					-	-				
Note: This option is Emigrated from Sou																								
Partial once-off with	drawal -	- benefi	t to be	e paid	in ca	ash to	me	mbe	er.			(Com	plet	e So	ecti	on	1 or	n pa	ge 2	2)			
Specify % or amoun	t to be v	withdrav	vn:							%	or	R].			
Full benefit to be tra	nsferrec	to ano	ther a	pprov	/ed fu	- – – - Ind.						· (Corr	 plet	e So	ecti	on 2	2 or	 1 pa	ge :	· 2)			
Note: If you are a m	ember c	of the Ac	cumer	n Pres	serva	tion F	Pens	ion	Fur	nd yo	u ma	ay N	OT t	ans	fer t	to a	pro	vide	ent f	und	1.			

Continue to page 2 for more payment options...

AYMENT INSTRUCTION continued
Part cash payment and transfer balance to another approved fund. (Complete Sections 1 and 2 below) Note: This option is only available if you have not yet made use of your once-off withdrawal from the fund. Note: If you are a member of the Acumen Preservation Pension Fund you may NOT transfer to a provident fund. Specify amount to be taken in cash: R
AYMENT INSTRUCTION – SECTION 1
nportant: Please ensure that the details provided below are for the member's own bank account.
ank Name: Account Type:
ccount Number:
AYMENT INSTRUCTION – SECTION 2
lame of Approved Fund:
Broker'/Administrators Contact Details:
lame:
elephone Number's:
-mail Address:
DECLARATION BY MEMBER
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

- 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 understand that on receipt of this completed 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.

Member's Signature

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.)

The administrator will notify you should there be any further requirements.