Please tick the applicable box below:

ACUMEN PRESERVATION PENSION FUND ACUMEN PRESERVATION PROVIDENT FUND

RETIREMENT 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.

TYPE OF RETIREMENT (tick appropriate box)

Normal (Age 55 onwards) III-Health (Only ava													ailable on approval from the fund trustees)																	
MEMBER DETAILS																														
Title:		S	Surna	am	e:																									
First Name(s):																														
RSA ID Number:																		I	Date	e of	Birt	h:	D	D	м	м	Y	Y	Y	Y
If no RSA ID Number, Passport Nur																														
Country of Issue:																														
Physical Address	Physical Address																													
Unit Number:	:				С	omp	lex	Nan	ne:																					
Street Number:				7		Stre	eet	Nan	ne:																					
Suburb:]		Точ	vn:														
Country:					Postal Code:																									
Postal Address: Same as Physical Address (If not, please provide details below)																														
																			Pos	tal C	Cod	e:								
Contact Details:																														
Telephone Numbers	5:															or														
E-mail Address:																														
Preferred Method of	Co	mmuni	cati	on:						Po	ost				I	E-m	ail													
Income Tax Number	r:																													
Current Annual Taxa	able	Salar	y :		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)																														
PAYMENT INSTR	UC	TION	(ma	ark	аррі	opri	ate	box	and	d co	mpl	ete	the	sec	tion	s as	s indi	icat	ted)											
You are s																										bene	əfit.			
Sr	1001	d you															ing t 1520						oie	το γ	ou,					
		Plea	ase	not	e th	at a	ll be	ene	it p	ayn	nen	ts a	re s	subj	ect	to d	curre	ent	tax	leg	isla	atio	n.							
Full benefit to	b be	paid i	n ca	sh	to m	emb	ber.											(C	om	olete	S	ecti	on	1 or	n pa	age 2	 2)			
Note: This op • you							ner) Pr	مەم	vati	on F	۶rov	/ide	nt F	und	or														
• you • you																	your	gro	oss	ben	efit	doe	es n	ot e	exce	eed I	R24	7,50	0.0	0.
Full benefit to	Full benefit to be used to purchase a pension.												(C	om	olete	S	ecti	on	1 or	n pa	age 2	2)								

PAYMENT INSTRUCTION continued																												
Part cash payment/ part	Part cash payment/ part purchase of pension.													(Complete Sections 1 and 2 below)														
Specify % or amount to	be taken in cash:							%				%		or						Γ	1				.			1
Note: This amount cannot be more than 1/3 rd of your benefit										efit i	f yo	u ar	e retir	ing f	rom	the	Ac	ume	en F	res	erva	atior	ו Pe	ensio	on F	unc	ł.	
PAYMENT INSTRUCTION – SECTION 1																												
Important: Please ensure that the details provided below are for the member's own bank account.																												
Bank Name:											<u>-</u>		ccoun		Г			T		T		Γ						
Account Number:													<u> </u>			L1	1		1									
PAYMENT INSTRUCTION	PAYMENT INSTRUCTION – SECTION 2																											
Tick this box if you wish	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	If you are not using the fund's annuity strategy please provide the information requested below:																											
Name of Insurer:]
Broker's Contact Details:		Nam	ie:]
Telephone Number's:						-						or]					
E-mail Address:]
																							Ĺ]
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 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; In the event that, on receipt of this claim form by the administrator, I have not yet reached age 55 and am not applying for illhealth early retirement, the process of calculating and disinvesting my benefit will only begin once I have reached age 55. 																												

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Member's Signature
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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.