

**DIVORCE BENEFITS DUE TO NON-MEMBER SPOUSE
PAYMENT INSTRUCTION**

Please help us to pay your benefit quickly and smoothly by completing this form in full and in CAPITAL LETTERS.

Name of Member's Fund: [grid]
Name of Employer/Paycentre: [grid]

MEMBER'S DETAILS

Surname: [grid]
Initials: [grid] First Names: [grid]
RSA ID Number: [grid] Date of Birth: [D D M M Y Y Y Y]

NON-MEMBER SPOUSE'S DETAILS

Surname: [grid]
Initials: [grid] First Names: [grid]
RSA ID Number: [grid] Date of Birth: [D D M M Y Y Y Y]

If no RSA ID Number, Passport Number: [grid]
Country of Issue: [grid]

Physical Address:
Unit Number: [grid] Complex Name: [grid]
Street Number: [grid] Street Name: [grid]
Suburb: [grid] Town: [grid]
Country: [grid] Postal Code: [grid]

Postal Address:
[grid]
[grid]
[grid] Postal Code: [grid]

Contact Details:
Telephone Numbers: [grid]
or: [grid]
E-mail Address: [grid]
Income Tax Number: [grid]
Current Annual Taxable Salary: R [grid] . [grid]

PAYMENT INSTRUCTION (tick appropriate box and complete the sections as indicated)
You are strongly encouraged to preserve your benefit for your eventual retirement, and to seek professional financial advice before deciding what to do with your benefit. Should you require financial advice, please contact the 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 to me in cash. (Complete **Section 1** below)
Full benefit to be transferred to another approved fund. (Complete **Section 2** below)
Part cash payment/part transfer to another approved fund. (Complete **Section 1 and 2** below)
Specify amount to be taken in cash: R [grid] . [grid]

PAYMENT INSTRUCTION – SECTION 1

Important: Please ensure that the details provided below are for your own bank account

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|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Account Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Account Number: | | | | | | | | | | | | | | | Account Type: | | | | | | | | | | | | | | |
| Bank Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch Name: | | | | | | | | | | | | | | | Branch Code: | | | | | | | | | | | | | | |

PAYMENT INSTRUCTION – SECTION 2

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of Approved Fund: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Broker/Administrator's contact details:</i> | Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone Numbers: | | | | | | | | | | | | | | | or | | | | | | | | | | | | | | |
| E-mail Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 and accept that an administration fee of R1248 plus VAT will be deducted from my benefit in order to effect the payment.

Signature of Non-Member Spouse: _____ Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Documents to be submitted together with this form:

- Copy of non-member spouse's ID
- 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.)
- Copy of stamped divorce decree, correct in terms of the Pension Funds Act, if not already provided