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.

FUND DETAILS														
Name of Fund:														
Name of Employer/Pay Centre														
MEMBER DETAILS														
Title: Surname: 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:														
Physical Address														
Unit Number: Complex Name:														
Street Number: Street Name:														
Suburb: Town:														
Country: Postal Code:														
Postal Address: Same as Physical Address (If not, please provide details below)														
Postal Code:														
Contact Details:														
Telephone Numbers: or or														
E-mail Address:														
Preferred Method of Communication: Post E-mail														
Income Tax Number: Employee Number:														
Date of Retirement: Do no month of final contribution: Month of final contribution:														
TYPE OF RETIREMENT (tick appropriate box)														
Normal Early III-Health Late														
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.)

Nο

Yes (If yes, please provide us with a copy of the court order or the member's written admission of liability.)

PAYMENT INSTRUCTION (mar	k ap	pro	pria	ite k	юх	anc	l co	mpl	ete t	the	sect	ions	s as	ind	licat	ed)											
Please familiarise yourself with the options available to you on retirement from the fund. This information can be found in our Retirement Benefits Counselling document which is available from your HR department or on our website www.robsav.com 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.																												
															(Complete Section 1 below)													
Full benefit to be used to	p pu	rcha	se a	a pe	ensi	on.									(Complete Section 2 below)													
Part cash payment/part		(Complete Section 1 and 2 below)																										
Specify % or amount to				-									%	o	r	R												
or Tick this box to indicate that you wish to take the maximum amount that is permissible Note: In order to avoid any unnecessary delays with the processing of your benefit payment, please make sure that you are aware of any restrictions applicable to your benefit regarding annuitisation requirements.																												
Full benefit to be transfe	rred	l to t	he f	fund	l se	lect	ed l	belc	w (d	choo	ose	one):															
Acumen Retirement Annuity Fund																												
Acumen Preservation Pension Fund (Proceed to Declaration by Member on page 3														age 3)														
Acumen Preservatio	n Pr	ovid	ent	Fur	nd																							
(All the above funds are	Adr	ninis	tere	ed b	у F	obs	son	Sa\	age	(Pt	ty) L	.td)																
Full benefit to be transferred to a Preservation Fund or Retirement Annuity (Complete Section 3 on page 3) Fund (<u>not</u> administered by Robson Savage (Pty) Ltd).																												
PAYMENT INSTRUCTION - Important: Please ensure that					ido	d he	مرماد	, ar	a for	the	me	amh	ar'e	OW	n ha	nk	200	oun:										
Bank Name:	uic (deta	113	100	iuc	<i>a b</i> (SIOV	, air	101	uic	, <u>1110</u> 						acc	Jun									-	
Account Number:]]]	^	cco	unt	ιyμ	e.												
PAYMENT INSTRUCTION -	- SI	ECT	101	 N 2																								
Tick this box if you wish	to n	nake	us	e of	you	ur fu	und'	s aı	nnui	ty s	trate	egy.	(No	fur	the	r de	tails	rec	uire	ed)								
If you are not using the fund	ľs a	nnui	ity s	trat	egy	ple	ase	pro	ovid	e th	e in	form	atic	on re	equ	este	d b	elov	v:									
Name of Insurer:																												
Broker's Contact Details:	١	lam	e: [
Telephone Number's:												or																
E-mail Address:																												

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PAYMENT INST	RUC	TIO	N -	- SI	ECT	10	N 3																			
Name of Fund:																							$oxed{\bot}$			
Broker/Administrator's contact details: Name: Name:																										
Telephone Numbe	hone Number/s:														or											
E-mail Address:																						F	Ŧ	 		
 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														Da	ate							_				
EMPLOYER'S DECLARATION																										
I hereby confirm the the information been confirme	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. Authorised Signature:																									
	Emp	loyer	St	amp)									•		 - •	Nan						 			
				ľ													Da	te:								

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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