PAID-UP BENEFIT 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:													
MEMBER DETAILS													
Title: Surname: United Surname: Sur													
First Name(s):													
RSA ID Number: Date of Birth:	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:													
IS THERE A DIVORCE ORDER OR MAINTENANCE ORDER TO BE PAID FROM YOUR BENEF	IT?												
No Yes (If yes, please provide us with a copy of the court order)													
PAYMENT INSTRUCTION (mark appropriate box and complete the sections as indicated)													
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 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.													
Full benefit to be paid in cash to member. (Complete Section 1 conductions of the complete	· - ·												
before selecting this option.													
Full benefit to be used to purchase a pension. (Complete Section 2 c	on page 2)												

Continue to page 2 for more payment options...

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Member's Sig	gnatu	ıre											Da	ate																	

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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