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.

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Normal (Age 55 onwards)  Ill-Health (Only available on approval from the fund trustees)																																		
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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 <a href="www.robsav.com">www.robsav.com</a> 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.																																		
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Full benefit to be paid in cash to member. (Complete <b>Section 1</b> on page 2)  Note: In order to avoid unnecessary delays with the processing of your benefit payment, please make sure that this option is available to you before selecting this option.									ou																									

Continue to page 2 for more payment options...

PAYMENT INSTRUCTION continued
Full benefit to be used to purchase a pension. (Complete <b>Section 2</b> below)
Part cash payment/ part purchase of pension. (Complete <b>Sections 1 and 2</b> below)
Specify % or amount to be taken in cash:  % or 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.
PAYMENT INSTRUCTION - SECTION 1
mportant: Please ensure that the details provided below are for the member's own bank account.
Bank Name: Account Type:
Account Number:
PAYMENT INSTRUCTION - SECTION 2
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's annuity strategy please provide the information requested below:
Name of Insurer:
Broker's Contact Details: Name:
Felephone Number's: or or
E-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 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 ill-health early retirement, the process of calculating and disinvesting my benefit will only begin once I have reached age 55.
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.

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