

DIVORCE BENEFITS DUE TO NON-MEMBER SPOUSE – PAYMENT INSTRUCTION

- 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 Member's Fund:

Name of Member's Employer/Pay Centre:

MEMBER'S DETAILS

Title:

 Surname:

First Name(s):

RSA ID Number:

 Date of Birth:

D	D	M	M	Y	Y	Y	Y
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If no RSA ID Number, Passport Number :

Country of Issue:

NON-MEMBER SPOUSE'S DETAILS

Title:

 Surname:

First Name(s):

RSA ID Number:

 Date of Birth:

D	D	M	M	Y	Y	Y	Y
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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

E-mail Address:

Preferred Method of Communication: Post E-mail

Income Tax Number:

Current Annual Taxable Salary: R

TYPE OF MARRIAGE CONTRACT (Please mark the appropriate box below to confirm the type of marriage contract that existed between you and your ex-spouse)

- Community of Property
 Ante Nuptial Contract *without* accrual
 Ante Nuptial Contract *with* accrual

