

## 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 your fund administrator on 011 643 4520.

Documents to be submitted together with this form:

- Clear 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.)

### FUND DETAILS

Name of Fund:

### MEMBER DETAILS

Title: 



 Surname:

First Name(s):

RSA ID Number: 



 Date of Birth:

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:

### 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)

**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](http://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.*

***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.***

**Please note that all benefit payments are subject to current tax legislation.**

<b>PAYMENT INSTRUCTION – SAVINGS COMPONENT</b>	Not Applicable. I do not have a Savings Component.
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Not Applicable. I do not have a Savings Component.

Full amount to be paid in cash to member. (Complete **Section 1** on page 4)

Full amount to be used to purchase a pension. (Complete **Section 2** on page 4)

Part cash payment/part purchase of pension. (Complete **Section 1 and 2** on page 4)

[illegible]

\*This amount must be the gross cash amount. Where applicable, tax will be deducted, and the net amount paid to you.

\*\*Full amount to be transferred to the fund selected below (choose one):

Acumen Retirement Annuity Fund

Acumen Preservation Pension Fund (Complete **Declaration by Member** on page 4)

Acumen Preservation Provident Fund

(All the above funds are administered by Robson Savage (Pty) Ltd)

\*\*Full amount to be transferred to a Preservation Fund or Retirement Annuity Fund (not administered by Robson Savage (Pty) Ltd). (Complete **Section 3** on page 4)

**\*\*Please note:**

- These options are NOT available if you are taking Early Retirement. Please speak to your fund administrator if you need more information.
- If you choose this option, then your Vested Component and your Retirement Component must also be transferred.

<b>PAYMENT INSTRUCTION – VESTED COMPONENT</b>	Not Applicable. I do not have a Vested Component.
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Not Applicable. I do not have a Vested Component.

Full amount to be paid in cash to member. (Complete **Section 1** page 4)

Full amount to be used to purchase a pension. (Complete **Section 2** on page 4)

Part cash payment/ part purchase of pension. (Complete **Section 1 and 2** on page 4)

Specify % or amount\* to be taken in cash: 

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 % or R 

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\*This amount must be the gross cash amount. Where applicable, tax will be deducted, and the net amount paid to you.

or ☐ Tick this box to indicate that you wish to take the maximum cash amount that is permissible.

\*\*Full benefit to be transferred to the fund selected below (choose one):

Acumen Retirement Annuity Fund

Acumen Preservation Pension Fund (Complete **Declaration by Member** on page 4)

Acumen Preservation Provident Fund

(All the above funds are administered by Robson Savage (Pty) Ltd)

***Please see next page for more options on your Vested Component***

**PAYMENT INSTRUCTION – VESTED COMPONENT *continued...***

**\*\*Full benefit to be transferred to a Preservation Fund or Retirement Annuity Fund (not administered by Robson Savage (Pty) Ltd). (Complete **Section 3** on page 4)**

**\*\*Please note:**

- These options are NOT available if you are taking Early Retirement. Please speak to your fund administrator if you need more information.
- If you choose this option, then your Savings Component and your Retirement Component must also be transferred.

**PAYMENT INSTRUCTION – RETIREMENT COMPONENT**

Not Applicable. I do not have a Retirement Component.

Full amount to be used to purchase a pension.

(Complete **Section 2** page 4)

Full amount to be paid in cash to member.

(Complete **Section 1** page 4)

Note: This option is only available if your full Retirement Component amount plus 2/3rds of your non-vesting amount in your Vested Component does not exceed R165,000.

**\*\*Full amount to be transferred to the fund selected below (choose one):**

Acumen Retirement Annuity Fund

Acumen Preservation Pension Fund

(Complete **Declaration by Member** on page 4)

Acumen Preservation Provident Fund

(All the above funds are administered by Robson Savage (Pty) Ltd)

**\*\*Full amount to be transferred to a Preservation Fund or Retirement Annuity Fund (not administered by Robson Savage (Pty) Ltd). (Complete **Section 3** on page 4)**

**\*\*Please note:**

- These options are NOT available if you are taking Early Retirement. Please speak to your fund administrator if you need more information.
- If you choose this option, then your Savings Component and your Vested Component must also be transferred.

**PAYMENT INSTRUCTION – SECTION 1**

**Important:** 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 your 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:

Telephone Number's:  or

E-mail Address:

<b>PAYMENT INSTRUCTION – SECTION 3</b>
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[illegible][illegible][illegible][illegible][illegible]

## DECLARATION BY MEMBER

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.

- 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

Date \_\_\_\_\_