

## PAID-UP BENEFIT WITHDRAWAL 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 or a letter from the bank on the bank's letterhead confirming the account name and the account number.)
- Proof of address not older than 3 months e.g. Bank document, SARS document, Municipal account, Rental agreement – only required if you are making use of the Retirement Component Strategy option.

### 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

Personal E-mail Address:

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

Please familiarise yourself with the options available to you on withdrawal from the fund.  
This information can be found in our Retirement Benefits Counselling document which is available  
from your fund administrator or on our website [www.robsav.com](http://www.robsav.com)

*You are strongly encouraged to seek financial advice from a registered financial advisor 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 cash payments.***

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

### PART 1 – CASH PAYMENT/S TO MEMBER

Only complete this section if you are wanting a cash payment.

Please provide your bank account details in the section provided below.

#### VESTED COMPONENT

- The full Vested Component may be taken as a cash lumpsum

**Please choose one of the options below.**

Full amount to be paid in cash to member.

Part cash payment/ part transfer to another approved fund (Details to be provided in Part 2 of the Payment Instruction).

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

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

#### SAVINGS COMPONENT

- The Savings Component may only be taken as a cash withdrawal IF you have not already made a withdrawal in the current tax year OR if the total value of the Savings Component is less than R2,000.
- Any cash amounts taken from your Savings Component will be taxed at your marginal tax rate. Please provide your annual taxable income for this purpose in the space provided below.
- You will be charged a processing fee of R230.
- Where your Savings Component cannot be paid as a cash withdrawal due to legislative restrictions it will be transferred to the fund indicated in Part 2 of the Payment Instruction below and allocated to your Savings Component on that fund.

**Please choose one of the options below.**

Full amount to be paid in cash to member.

Part cash payment/ part transfer to another approved fund (Details to be provided in Part 2 of the Payment Instruction).

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

\*\*This amount must be the gross cash amount before any deductions.

Annual Taxable Income: R

### BANKING DETAILS FOR CASH PAYMENT/S

**Important:** Please ensure that the details provided below are for the member's own bank account.

Bank Name:

Account Type:

Account Number:

**This section MUST be completed**

• You MAY NOT take any part of your Retirement Component in cash. It must be preserved for your eventual retirement. **Please choose one of the options below.**

**Note:** If you are including any part of your Vested Component in the above-mentioned transfer, please contact your fund administrator to find out what additional information needs to be provided. Please also note that not all details regarding the Retirement Component Strategy provided under the Member Declaration will apply.

Name of Receiving Fund:

[illegible]

Name:

[illegible][illegible]

or

[illegible][illegible]

- the details provided herein, in particular my banking details (if applicable) provided on Page 3 of this form, 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;
- \*\*\*I understand that where I have selected to make use of the Retirement Component Strategy my Retirement Component:
  - will be transferred to the Acumen Preservation Provident Fund, administered by Robson Savage (Pty) Ltd, and
  - will be invested in the Vivace investment portfolio, and
  - I will be charged an annual administration fee of 0.25% (inclusive of VAT) of my fund credit.
- I understand that if it is not permissible for my Savings Component to be paid to me as a Savings Withdrawal due to legislative restrictions, my Savings Component will be transferred to the same fund as my Retirement Component and will be allocated to my Savings Component on that fund, 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.

Date \_\_\_\_\_