



**REASON FOR WITHDRAWAL** (mark appropriate box)

Resignation

Dismissal

Qualifying Retrenchment\*

\* The member's termination of employment must be due to:

- The employer having ceased to or intending to cease to carry on trade in respect of which the member was employed; or
- The member having become redundant in consequence of the employer having effected a general reduction in personnel or in a particular class of personnel.

Provided that this does not apply to any amount received by or accrued to a person by way of a lump sum where the person's employer is a company and that person at any time held more than five percent of the issued capital or member's interest in that company.

**IS THERE A HOUSING LOAN FROM THE FUND OR GUARANTEED BY THE FUND TO BE SETTLED FROM YOUR BENEFIT?**

No

Yes (If yes, please provide details below)

Lender:

                   

Approximate settlement value: R

                   
**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)

**IS THERE ANY INDEBTEDNESS TO THE EMPLOYER TO BE DEDUCTED FROM YOUR BENEFIT?**

Section 37D of the Pension Funds Act allows for the deduction of amounts from the member's benefit in the event of an employer suffering loss due to a member's **theft, dishonesty, fraud or misconduct**, where a member has admitted liability in writing or a court judgement has been obtained. If there is a pending court case, please provide further details including the case number.

No

Yes (If yes, please provide us with a copy of the court order or the member's written admission of liability.)

**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 HR department 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 on Page 3 of this form.

**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.

**Please see next page for cash payment options on your 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.

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

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

BANKING DETAILS FOR CASH PAYMENT/S

**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.

[illegible]

## DECLARATION BY MEMBER

I hereby confirm that:

- 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.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

## EMPLOYER'S DECLARATION

I hereby confirm that:

- the information contained herein, and in particular (if applicable) the member's banking details provided on Page 3 of this form, has been confirmed as correct;
- the member has left the service of the employer as per the details provided; and
- the employer has made available to the member a copy of the Retirement Benefits Counselling document.

\_\_\_\_\_  
Employer Stamp

Authorised Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_