

Agricultural Sector Provident Fund

Please indicate type of claim

Withdrawal Benefit Claim	Complete section A, B, D, E, F and G on this form
Retirement Benefit Claim	Complete section A, C, D, E, F and G on this form

No benefit will be paid before this completed Benefit Claim Form is in the possession of ACA Employee Benefits (Pty) Ltd, the Administrator of the Fund.

Section A: Member's personal particulars (Please include a copy of Identity/Passport document)

Participating Employer			
Initials and surname			
Membership number			
ID/Passport number			
Date of birth			
Income tax number			
Residential address			
Postal address			
Cell number			
Home telephone number		Alternate contact number	
Personal email address			
Date of last contribution		Exit date	

Section B: Withdrawal claim (Employer to complete)

Type of withdrawal

Resignation Dismissal Voluntary Retrenchment Involuntary Retrenchment

In the case of **retrenchment**:

- was the member a director of the employer? YES NO
- did the member ever own more than 5% of the share capital of the employer? YES NO
- does the member want to make use of the special tax dispensation on retrenchment? YES NO

Section C: Retirement claim (Employer to complete)

Type of retirement

Normal retirement Early retirement Late retirement Ill-health retirement

Section D: Claims against the member's benefit

Prior claim by the employer against member for fraud/dishonesty/misconduct

- Attach a copy of the employee's written admission of liability or court order awarding compensation to the employer. YES NO

Divorce order

- Attach original certified copy of the divorce order and settlement agreement (if not already submitted). YES NO

Maintenance order

- Attach original certified copy of the maintenance court order (if not already submitted). YES NO

Pension-backed housing loan

- Attach document(s) confirming the housing loan/collateral. YES NO

Section E: Member's benefit payment options

Member to select one of the options in 1, 2, 3 or 4 below

Important note: It is recommended that you obtain financial advice before selecting a benefit option.

Counselling services on the options available when you withdraw from the Fund are available to all members of the Fund. A counsellor can be contacted on <insert contact details>. Note that the counsellor is not a certified financial planner, and can only provide you with information on the options available to you.

Do you require to be contacted by a financial adviser for benefit investment advice? YES NO

Option 1

Paid-up preservation option

I wish to exercise the option to not receive payment of my withdrawal benefit on my exit date but to preserve the payment of my withdrawal benefit in the Fund to a date elected by me in future.

I confirm that I understand the following:

- My paid-up withdrawal benefit will remain invested in the same investment portfolio it was invested in immediately prior to my exit date. I may elect to change my investment choice after my exit date subject to the completion of a switch on the ACA Member Website.
- The Fund will from my withdrawal date no longer communicate with me via my former employer but will communicate directly with me. I will therefore ensure that the Fund and ACA Employee Benefits (Pty) Ltd are advised of any change in my address or contact information. I confirm that the personal contact details supplied in this form is to be used for all communication from the Fund until notice of change (in line with ACA Employee Benefits formal process) has been submitted.
- Should you die while you are a paid-up member of the Fund, your member share will become payable and the rules of the Fund will prevail. You no longer qualify for the insured benefits (such as death or disability benefits) that you enjoyed when you were an employee.
- Contributions towards the risk benefits provided by the Fund will cease and I will therefore no longer qualify for any risk benefits payable from my exit date.
- I may elect to receive payment of my paid-up withdrawal benefit on the normal retirement date as prescribed in the rules of the Fund, in which event it will become payable as a retirement benefit. I may however also elect to receive payment of my paid-up withdrawal benefit at any time before the normal retirement date as prescribed in the rules of the Fund, in which event it will become payable as a withdrawal benefit. The benefit that will become payable on the date on which I elected to receive payment of my paid-up withdrawal benefit, will be equal to my

withdrawal benefit on my exit date, plus investment return calculated from my exit date to the date of payment of my withdrawal benefit, less costs.

- A monthly administration fee agreed upon between the Fund and ACA Employee Benefits (Pty) Ltd will be deducted from my deferred withdrawal benefit in the Fund.

Option 2

Transfer full benefit to another pension or provident fund/preservation fund/ retirement annuity fund

Provide details of the receiving fund to which the benefit should be transferred, including contact details. When transferring to a retirement annuity fund, please provide a signed copy of the application form.

Name of receiving fund	<input type="text"/>		
Contact person	<input type="text"/>	Telephone number	<input type="text"/>
Email address	<input type="text"/>		

Option 3

Pay a portion of the benefit in cash and transfer the remainder to a preservation fund/retirement annuity fund

Provide details of the receiving fund to which the portion of the benefit should be transferred, including contact details. When transferring to a retirement annuity fund, please provide a signed copy of the application form.

Indicate the percentage	<input type="text"/> %	or Rand amount to be paid in cash	<input type="text"/> R
Name of receiving fund	<input type="text"/>		
Contact person	<input type="text"/>	Telephone number	<input type="text"/>
Email address	<input type="text"/>		

Option 4

Pay full benefit in cash (The benefit will be subject to tax)

Name of account holder	<input type="text"/>	Branch code	<input type="text"/>
Name of bank	<input type="text"/>	Account number	<input type="text"/>

Type of account (please provide copy of bank verified/stamped statement)

Current account Savings account Transmission account

- Note that payment cannot be made into a joint account, credit card account, loan account or call account and payment cannot be split into different bank accounts.
- I declare that I am the accountholder on the abovementioned bank account. I irrevocably authorise the Fund and ACA Employee Benefits (Pty) Ltd to pay whatever benefit is due to me by EFT into the abovementioned bank account and I understand and agree that payment by EFT as specified in this Benefit Claim Form will constitute good and effective settlement, fully and finally discharging ACA Employee Benefits (Pty) Ltd and the Fund of any liability in terms of the rules of the Fund. If incorrect banking details are provided by me, ACA Employee Benefits (Pty) Ltd will not be held liable, as the onus lies with me to provide the correct banking details.

Section F: Insured benefits

Depending on the provisions of the policy, the insurer of your risk cover may offer a conversion option with regard to your risk benefits, which means that you may convert your death and/or disability cover to an individual policy without having to undergo medical assessment.

Do you require a quotation for such conversion should you qualify? *

YES

NO

* **Note:** You may qualify for the insured benefit if you pass away within the period allowed for the conversion option. Familiarise yourself with the timelines and available benefits.

Section G: Declaration by member

I, the undersigned member, hereby confirm that:

- I understand that where the Fund has established a policy for the processing of claims and disinvestment of assets applicable to the Fund as a whole, the fund policy on disinvestments will be affected on my exit date from the Fund. ACA Employee Benefits (Pty) Ltd does not accept liability for any losses as a result of fluctuation due to the timing of the disinvestments of my benefit from the market.
- I understand that the finalisation of my benefit claim will be subject to the normal turnaround time as agreed between ACA Employee Benefits (Pty) Ltd and the Fund, applicable from the date of receipt of final written payment instructions (if not submitted together with this Benefit Claim Form).
- The information given in this Benefit Claim Form and all accompanying documents are true and correct. I understand that ACA Employee Benefits (Pty) Ltd and the Fund will under no circumstances accept any liability arising from incorrect information provided on/with the Benefit Claim form, as the liability for correct completion rests with me.
- I understand that neither ACA Employee Benefits (Pty) Ltd nor the Fund accepts liability for any damage whatsoever or however it may arise, including but not limited to, direct, indirect or consequential loss that may arise as a result of any administrative process or application conducted or made by ACA Employee Benefits (Pty) Ltd or the Fund on my behalf that must be cancelled due to any action or omission on my part.
- I confirm that I have been informed of the availability of counselling services to explain the various options available to me. It has been explained to me that the counsellors are not financial advisors, and that any information provided to me by the counsellors does not constitute advice. I accordingly understand that if I seek advice, I should consult an accredited financial advisor.
- I have received a copy of the relevant information brochure and all the options have been explained to me

Member's Signature

Date

Section H: Declaration by employer representative (Tracing agent to complete in case of an unclaimed benefit)

I, the undersigned representative of the employer, hereby certify that:

- All particulars furnished in this form and accompanying documents are true and correct.
- The options in terms of the rules of the Fund have been fully explained to the member.
- The member indicated that he/she is fully aware of the contents of this form and any liabilities that he/she may have.
- The signature above is that of the above-mentioned member and I have verified all the information provided.

Signed on behalf of employer _____

Designation _____

Full name _____

Date _____

Company stamp