



Agricultural Sector Provident Fund

Confidential

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 Verso Financial Services, 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

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

	Yes	No
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.	<input type="checkbox"/>	<input type="checkbox"/>
Divorce order		
• Attach original certified copy of the divorce order and settlement agreement (if not already submitted).	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance order		
• Attach original certified copy of the maintenance court order (if not already submitted).	<input type="checkbox"/>	<input type="checkbox"/>
Pension-backed housing loan		
• Attach document(s) confirming the housing loan/collateral.	<input type="checkbox"/>	<input type="checkbox"/>

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 021 943 5300. Note that the counsellor is not a certified financial planner, and can only provide you with information on the options available to you.

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.
- 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 Verso Financial Services 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 Verso Financial Services formal process) has been submitted.
- In the event of my death prior to the date on which choose to receive payment of my paid-up withdrawal benefit, my withdrawal benefit will be paid to my estate.
- 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 Verso Financial Services 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		
Contact person	Telephone number	
Email address		

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 % or Rand amount to be paid in cash R

Name of receiving fund		
Contact person	Telephone number	
Email address		

Option 4

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

Name of account holder		Branch code	
Name of bank		Account number	

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 Verso Financial Services 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 Verso Financial Services and the Fund of any liability in terms of the rules of the Fund. If incorrect banking details are provided by me, Verso Financial Services will not be held liable, as the onus lies with me to provide the correct banking details.

Section F: Insured benefits

	Yes	No
Are you aware of your right to convert your risk benefits (death and/or disability) should the rules of the fund make provision for it to an individual policy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require a quotation for such conversion? *	<input type="checkbox"/>	<input type="checkbox"/>

* **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.

Do you require to be contacted by a financial adviser for benefit investment advice?

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. Verso Financial Services 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 Verso Financial Services 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 Verso Financial Services 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 Verso Financial Services 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 Verso Financial Services 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