

Retirement Benefit Claim Form

Fund Name

* Retirement Reform Changes (known as "T-Day") came into effect on 1 March 2021. This means that from 1 March 2021, your member share will consist of two portions: a vested member share and a non-vested member share. The vested member share reflects all your savings as at 28 February 2021 (plus interest thereon). The non-vested member share reflects all your savings from 1 March 2021 (plus interest thereon). Please refer to the T-Day Member Alert attached to this form for more information.

The fund is not able to pay your benefit due to you from the fund, until you have made a decision and inform them of your decision. Furthermore, the fund is obliged to provide you access to retirement benefits counselling to assist you with making a decision. The format of such counselling could differ from fund to fund. For more information, please contact your fund principal officer or your employer's Human Resources officer.

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

Initials and surname	<input type="text"/>		
Membership number	<input type="text"/>		
ID/Passport number	<input type="text"/>		
Date of birth	<input type="text"/>		
Income tax number	<input type="text"/>		
Residential address	<input type="text"/>		
Postal address	<input type="text"/>		
Cell number	<input type="text"/>		
Home telephone number	<input type="text"/>	Alternate contact number	<input type="text"/>
Personal email address	<input type="text"/>		
Date of last contribution	<input type="text"/>	Exit date	<input type="text"/>

Section B: Retirement claim (Employer to complete)

Type of retirement

Normal retirement Early retirement Late retirement Ill-health retirement

Section C: Claims against the member's retirement benefit

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

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

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

Section D: Member's benefit option (It is important to obtain financial advice before electing a benefit option)

Payment options (Select one of the options below)

Pension

Provident

1. Use full benefit to receive or purchase a compulsory annuity OR transfer to preservation fund

(Provide a copy of the application or policy document and contact details of receiving insurer if applicable).

Name of receiving insurer/Fund

Contact person

Telephone number

Email address

2. Pay a portion of the benefit in cash and use the remainder to receive or purchase a compulsory annuity (in case of a pension fund, the maximum cash portion is one third).

(Provide a copy of the application or policy document and contact details of the receiving insurer if applicable).

In case of your non-vested member share, the maximum cash portion is one-third.

3. Pay a portion of the benefit in cash and use the balance to:

a) receive an in-fund annuity with the Fund.

b) receive an out-of-fund annuity (this may be your Fund's chosen annuity or any other annuity).

- Your vested member share (all your savings as at 28 February 2021 plus interest thereon) may be taken in cash.
- Your non-vested member share (all your savings from 1 March 2021 plus interest thereon) - if the benefit is less than R247 500, you may take the full benefit in cash. If the benefit amount is more than R247 500, then only one-third of the benefit can be taken in cash. The balance must be used to buy a pension.
- Please provide the application forms of the applicable receiving Insurer separately.

Indicate the % or R amount to be paid in cash:
(The % or R amount will be the gross amount before tax)

 %

OR

 Amount

 %

OR

 Amount

OR

Indicate the R amount to be transferred:

 Amount

 Amount

Name of receiving insurer

Contact person

Telephone number

Email address

3. Defer payment of retirement benefit if rules of the Fund provide for this.

(Please complete section G)

4. Pay full benefit in cash. (Provident Fund only)

This option is available for your vested member share ONLY, or if the benefit value is less than R247 500 in the case of your non-vested member share. Your benefit statement indicates the amounts in your vested and non-vested member shares. Please refer to the T-Day Member Alert attached to this form for more information.

5. No payment option instructions available yet.

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

 YES

 NO

If your Fund makes provision to convert risk benefits to personal insurance, you may request a quotation for such conversion.

Do you require a quotation for such conversion? *

 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 E: Member's banking details

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.

Section F: 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 effected on my exit date from the Fund. Sanlam do 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 Sanlam 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 Sanlam 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 am the accountholder on the abovementioned bank account. I irrevocably authorise the Fund and Sanlam 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 Sanlam and the Fund of any liability in terms of the rules of the Fund. If incorrect banking details are provided by me, Sanlam will not be held liable, as the onus lies with me to provide the correct banking details.
- I have received a copy of the relevant information brochure and all the options have been explained to me.
- I instruct and authorise Sanlam to pay all monies due in accordance with my instructions above.
- I understand that neither Sanlam 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 Sanlam or the Fund on my behalf that must be cancelled due to any action or omission on my part.

Member's Signature

Date

Section G: Deferred Retirement Declaration by member

I, the undersigned member, hereby declare and confirm that:

- I wish to exercise the option to not receive payment of my retirement benefit on my retirement date but to defer the payment of my retirement benefit to a date elected by me in future.
- I understand that it is recommended that I first discuss the deferral of the payment of my retirement benefit with an accredited financial adviser before making my election to defer payment of my retirement benefit.
- If the Fund provide for individual investment choice and subject to the rules of the Fund, my deferred retirement benefit will either remain invested in the same investment portfolio it was invested in immediately prior to my retirement date or it will be invested in the investment portfolio chosen by me on my retirement date by completion of a switch form.
- I may elect to change my investment choice after my retirement date subject to the completion of a switch form. The same fund investment portfolios that are available for investing contributing members' benefits will be made available to me.
- Neither the Fund nor Sanlam will be liable for any damage suffered by me as a result of any investment portfolio choice exercised by me while I remain a deferred retirement member of the Fund.
- I understand that the Fund will from my retirement date no longer communicate with me via my former employer but will communicate directly with me. I will therefore ensure that the Fund and Sanlam are advised of any change in my address or contact information.
- In the event of my death prior to the date on which I elected to receive payment of my deferred retirement benefit, my deferred retirement benefit will be paid in terms of section 37C of the Pension Funds Act, meaning that the Fund will allocate my benefit equitably between my dependants and nominees.
- I have completed my Beneficiary Nomination Form and have returned the completed form to the Fund. It is my responsibility to amend my Beneficiary Nomination Form should any of the details of my elected nominee(s) change and it is my responsibility to ensure that a copy of the amended Beneficiary Nomination Form is provided to the Fund or I have elected not to complete my Beneficiary Nomination Form.
- 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 retirement date.
- I will not be allowed to make additional contributions to the Fund after my retirement date.
- I will be allowed to participate in the election process of the Fund's board of management.
- In the event of me getting divorced prior to the date on which I elected to start receiving payment of my deferred retirement benefit, the provisions of Section 37D of the Pension Funds Act and the Divorce Act, 1979, will be applicable in respect of my retirement benefit.
- I must notify the Fund of the date on which I elect to start receiving payment of my deferred retirement benefit at least 90 (ninety) days prior to such date; provided that my election date must be made prior to attaining the age prescribed in legislation.

If I fail to claim my deferred retirement benefit from the Fund within a period of 2 (two) years after the date that I elected to start receiving payment of my retirement benefit, such benefit will become an unclaimed benefit and will either remain in the Fund or be transferred to an unclaimed benefits fund.

- If I fail to notify the Fund of the date that I elect to start receiving payment of my deferred retirement benefit prior to reaching the age prescribed in legislation, such benefit will become an unclaimed benefit after expiry of 2 (two) years from the date that I reached the prescribed age and will either remain in the Fund or be transferred to an unclaimed benefit fund.
- The retirement benefit that will become payable on the date on which I elected to start receiving payment of my deferred retirement benefit, will be equal to my retirement benefit on my retirement date, plus investment return calculated from my retirement date to the date of payment of my retirement benefit, less costs.
- A monthly administration fee agreed upon between the Fund and Sanlam will be deducted from my deferred retirement benefit in the Fund.

Member's Signature

Date

Section H: Declaration by employer representative

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

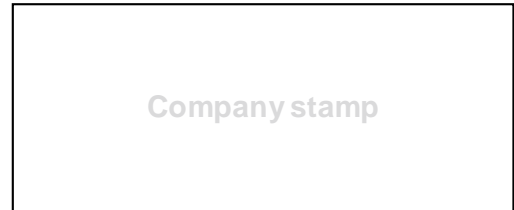
- All particulars furnished in this form and accompanying documents are true and correct.
- The options in terms of the rules of the Fund have been fully explained to the member.
- The member indicated that he/she is fully aware of the contents of this form and any liabilities that he/she may have.
-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

Signed on behalf of employer _____

Designation _____

Full name _____

Date _____



Protection of Personal Information Act (POPIA) notice

The information in this document constitutes personal information in terms of POPIA and may include financial information. The Fund must collect, use and keep this personal information to enable it to process your retirement claim. The Fund may share your personal information contained herein with other relevant service providers of the Fund, such as tracing agents, but only to the extent necessary to fulfil its obligations in terms of the Pension Funds Act. If the information is not readily provided, the Fund may have difficulties to pay your retirement benefit to you. The information will be kept confidential and processed in accordance with POPIA and will be held for a period as set out in the Fund's Retention of Records Guide.