

# Withdrawal Benefit Claim Form

**Fund Name**

No benefit will be paid before this completed Benefit Claim Form is in the possession of Sanlam, the Administrator of the Fund.

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

Initials and surname	<input style="width: 643px; height: 24px;" type="text"/>		
Membership number	<input style="width: 643px; height: 24px;" type="text"/>		
ID/Passport number	<input style="width: 643px; height: 24px;" type="text"/>		
Date of birth	<input style="width: 643px; height: 24px;" type="text"/>		
Income tax number	<input style="width: 643px; height: 24px;" type="text"/>		
Residential address	<input style="width: 643px; height: 24px;" type="text"/>		
Postal address	<input style="width: 643px; height: 24px;" type="text"/>		
Cell number	<input style="width: 643px; height: 24px;" type="text"/>		
Home telephone number	<input style="width: 180px; height: 24px;" type="text"/>	Alternate contact number	<input style="width: 180px; height: 24px;" type="text"/>
Personal email address	<input style="width: 643px; height: 24px;" type="text"/>		
Date of last contribution	<input style="width: 180px; height: 24px;" type="text"/>	Exit date	<input style="width: 180px; height: 24px;" type="text"/>

## Section B: Withdrawal claim (Employer to complete)

### Type of withdrawal

Resignation       Dismissal       Retrenchment\*

\*Retrenchment is applicable where a member has to exit the fund due to the employer ceasing to carry on trade or intending to cease carrying on the trade in respect of which a person was employed; or a person becoming redundant due to the employer reducing personnel.

In the case of **retrenchment**:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| - was the member a director of the employer?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| - did the member ever own more than 5% of the share capital of the employer?        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| - does the member want to make use of the special tax dispensation on retrenchment? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

## Section C: Claims against the member's withdrawal 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. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|--|------------------------------|-----------------------------|

### Divorce order

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| • Attach original certified copy of the divorce order and settlement agreement (if not already submitted). | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|--|------------------------------|-----------------------------|

### Maintenance order

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • Attach original certified copy of the maintenance court order (if not already submitted). | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---|------------------------------|-----------------------------|

## Pension-backed housing loan

- Attach document(s) confirming the housing loan/collateral.

 YES NO

## Section D: Member's benefit payment options

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

Until such time as a choice is made by the member, the member will remain a paid-up member in the Fund and the provisions of option 1 will apply.

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. The contact details for counselling services can be obtained from your HR representative. 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

Pension  
Fund

Provident  
Fund

#### 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 Sanlam 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 Sanlam 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 Sanlam's 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 Sanlam will be deducted from my deferred withdrawal benefit in the Fund.

## Option 2

Pension  
Fund

Provident  
Fund

**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

Pension  
Fund

Provident  
Fund

**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 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.

## Option 4

Pension  
Fund

Provident  
Fund

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

Indicate portions to be transferred and paid in cash:

Cash

Transfer

*Complete Option 3 for portion taken in cash.*

For portion to transfer, 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.

Name of receiving fund

Contact person

Telephone number

Email address

## Section E: 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 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 affected on my exit date from the Fund. Sanlam 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 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 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.
- 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 G: 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 \_\_\_\_\_

Company stamp

### **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 withdrawal 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 withdrawal 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.