

## Withdrawal claim – Non-contributory member Paid-up or deferred member/unclaimed benefit

**The purpose of this form is for you to instruct Alexander Forbes to withdraw your retirement savings which you have not as yet claimed from the fund. This instruction is important. If you do not understand the possible consequences of this instruction, please ask your financial adviser to explain.**

In this form:

- 'You' refers to the person named on this form as the member.
- 'We' and 'us' refer to the company in Alexander Forbes that is shown on the top of this form, who is also the administrator of your fund.
- 'Fund' refers to the fund that you are a member of.

### Key points to understand about this form

In the form, you will give details about:

- the member of the fund (you)
- your withdrawal
- the benefit and how we should pay it out.

Please read this document carefully. Contact your financial adviser if you have any questions. You should sign the form only if you agree to all the terms and conditions in it. The form is part of your contract with us. You must make sure that all the information is correct and that all parts of the form are complete. We have the right to treat the information given in the form as accurate and complete. If you make changes to what you have already filled in, you must sign next to each change.

### Documents you must attach to this form

You must attach copies of the following documents to this form. We will start to process your application only when we have received all the documents we need.

- A copy of your identity document/passport
- Divorce or maintenance court orders (if applicable)

One of the following

- a copy of a letter from your bank, on the bank's letterhead, confirming your bank account details (not older than three months)
- a copy of your latest bank statement (not older than three months)
- a copy of a cancelled cheque

### Follow these steps

1. You need to fill out the form. You do have the option of filling in this form electronically and printing the electronic version of the form to be signed.
2. You must sign the form and date it.
3. Attach the documents requested above to the completed form.
4. Keep the first and second pages to refer to for any queries.
5. Submit the form directly to Alexander Forbes - contact details above.

### Delays in carrying out your instructions

Neither we nor the fund are responsible for any losses that result from any delays you cause by:

- not filling in this form accurately and completely
- not giving us the documents we ask for.

This includes losses in the value of your investment and losses that occur because you may have to pay more tax than you anticipated.

### Personal information, privacy and security

**TO FIND** out how we protect your personal information, privacy and security.

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Alexander Forbes is not responsible for any loss you or anyone else may suffer if important information is left out of this document.

### How to contact us

- If you want to ask us if we have your personal information, you can contact us at the telephone number shown at the top of the form.
- If your personal information is incorrect, we will change it if you make us aware of this.

### Complaints

- We would like to hear from you if you have a complaint.
  - You can do so in person at any of our offices, by email at [contactus@alexforbes.com](mailto:contactus@alexforbes.com), by phone on 0860 000 279 or +27 (0)11 669 7026 if you're outside South Africa, or by following our complaints process on the website at <http://www.alexforbes.com/ContactUs/Complaints.aspx>.
  - Please contact us if you have any questions or if you need more information.
-

## Name of retirement scheme

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**Please fill in all the information in this section. If there are any changes to your personal particulars, please write to let us know.**

## Surname

[illegible]

First names

\_\_\_\_\_

Maiden name

[illegible]

Title ☐ Prof ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Other (specify) \_\_\_\_\_

ID or passport number Country of issue Date of birth

ID or passport number

Country of issue

Date of birth

[illegible]

**Residential address** (this is the address where you live most of the time)

Unit number

Complex

[illegible]

Street number

Street or farm name

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Suburb

City or town

[illegible]

Country

Code

[illegible]**Postal address**[illegible]

Code

[illegible]

## Contact details

Cell

[Home](#)

## Work

Email

[illegible]

Current annual taxable salary

Income tax number

Country of residence for tax purposes

**You must fill in the form completely and correctly, and give us any other information we need. If you do not, there might be delays in settling your claim.**

Is there a divorce or maintenance court order issued that could affect the payment of fund benefits?

Maintenance order		Yes		No
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**1. Full benefit to be transferred to another fund**

9

**2. Part of benefit to be paid as a cash lump sum and the rest of the benefit to be transferred to an approved fund**

9

Complete the transfer and benefit to member sections below.

a. Show portion to be paid as a cash lump sum into your bank account.

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(The amount will be subject to tax and may not be the net amount paid to you.)

### 3. Full benefit to be paid to member

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If the benefit is to be transferred to a retirement annuity, preservation fund or the new employer's retirement fund, complete this section.

## Name of fund/insurer

[illegible]

FSB registration number

SARS approval number

[illegible]

Your banking details are only required if you require a part or whole benefit to be paid in cash to you. Please make sure that the bank account details are for your own account (if you choose for any portion to be paid in cash to your bank account) and matches the details exactly as per your bank statement.

Account holder's name

[illegible]

Name of bank

[illegible]

Account number

[illegible]

Branch code

\_\_\_\_\_

Type of account:

Current Savings Transmission 

4 of 5

### Details of your financial adviser

Name of your financial adviser

[illegible]

## Cell

| | | | | | | | | |

## Work

| | | | |

Email

[illegible]

## Choice of financial advice

## Your declaration

By signing this page, you confirm that:

1. You have left the service of the employer.
2. You understand the options available to you about the payment of your benefits, including that tax may be deducted from your benefit in terms of the *Income Tax Act*. You confirm that you are making an informed decision.
3. All information on this form is correct and complete. This includes all banking information. You understand that if there is any loss because you have given incorrect or incomplete information in this form, neither Alexander Forbes nor the fund is responsible for the losses.
4. You made the decision about the payment of your benefit voluntarily.
5. When we receive this completed form (which includes all tax information required by SARS), we will process your benefit according to the fund's rules. After we have processed the benefit in terms of the fund's rules, you will have no further claim against the fund.

Your full name

[illegible]

Your signature

Date \_\_\_\_\_

D D M M Y Y Y Y

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