

HBSI PENSION FUND - FRONT OFFICE

P.O.BOX 72117
Lynnwood Ridge
0040

Unit B3, Willow Office Park (Behind Toyota Dealer)
559 Farm Road (entrance in Simon Vermooten Road)
Die Wilgers, 0041

TEL: 086 1114 662 FAX: 0865 512 587 E-MAIL: hbsipension@prevue.co.za

Dear Sir / Madam

Please find attached the **Verso** Benefit Claim Form for your attention.

We need the original completed form to process the claim and will **NOT** accept faxed or E-mailed forms. The Claim Form must be **signed** by the **last Employer** as well as you, the **Employee**.

Please attach the following to the completed form:

1. Certified copy of your Identity Document.
2. Certified copy of your Marriage Certificate (If applicable).
3. A Copy of Divorce order (If applicable).
4. Proof of Bank Details – Must be in member's name.
5. Proof of residential address.
6. **NB! Proof** of your personal income tax number. (If you don't have an income tax number, please contact SARS on 0800 007 277.)
7. Retrenchment agreement or resignation letter.

Note: A claim process can take up to 3 (three) months to be finalized.

Please send your Claim form with necessary documents to the following address:

Postal Address:
H.B.S.I Pension Fund
PO Box 72117
Lynnwood Ridge
0040

Physical Address:
Unit B3, Willow Office Park (Behind Toyota Dealer)
Farm Road (entrance in Simon Vermooten Road)
Die Wilgers
0041

If you have any questions, please contact us.

Kind Regards,

Patricia Mashaba / Lerato Matsaung

National Front Office Administrators

Tel no: 086 1114 662

Fax : 086 551 2587

Email : hbsipension@prevue.co.za

BENEFIT CLAIM FORM

UMBRELLA FUND / FUND NAME _____

PARTICIPATING EMPLOYER _____

TO BE COMPLETED BY THE MEMBER

MEMBER DETAILS

MEMBER NO. _____ EMPLOYEE NO. _____

SURNAME _____ FIRST NAMES _____

DATE OF BIRTH _____ IDENTITY NUMBER _____

GENDER: MALE ☐ FEMALE ☐ MARITAL STATUS _____

RESIDENTIAL ADDRESS _____

POSTAL ADDRESS _____

(Both of the above addresses are required by the SA Revenue Services - SARS)

TEL NO. (_____) _____ CELL PHONE NO. _____

E-MAIL ADDRESS _____

PREFERRED LANGUAGE FOR CORRESPONDENCE: ☐ ENGLISH ☐ AFRIKAANS

INCOME TAX REFERENCE NO. _____ REVENUE OFFICE OF LAST TAX RETURN _____

BANKING DETAILS

(Please attach a copy of your bank statement)

ACCOUNT HOLDER'S NAME _____

BANK NAME _____ ACCOUNT NUMBER _____

BRANCH NAME _____ BRANCH CODE _____

ACCOUNT TYPE: ☐ CURRENT ☐ SAVINGS ☐ TRANSMISSION

FOREIGN ACCOUNT ☐ (Tick if applicable) COUNTRY _____

DIVORCE ORDERS

Are you aware of any Divorce Order issued by the High Court / Supreme Court against your pension benefit in favour of an ex-spouse?

☐ YES ☐ NO

If yes, attach an original certified copy of the complete divorce court order to this form (if not already supplied to the Fund). This order must be in terms of Section 7(8) of the Divorce Amendment Act 1989, to be binding on the Fund. Please provide full contact details of the ex-spouse in order for the benefit payment to be made by the Fund.

Ex-spouse Details

SURNAME _____ FIRST NAMES _____

DATE OF BIRTH _____ IDENTITY NUMBER _____

RESIDENTIAL ADDRESS _____

POSTAL ADDRESS _____

TEL NO. (_____) _____ CELL PHONE NO. _____

E-MAIL ADDRESS _____

BENEFIT OPTIONS (Withdrawal and Retirement Claims ONLY)*Please refer to the **IMPORTANT NOTES** section below, before exercising an option*

- ☐ Leave my benefit invested in the Fund until further notice (if applicable in terms of the Rules of the fund, please refer to your Human Resources office).
- ☐ Pay benefit directly into my own bank account as specified above.
- ☐ Pay portion of my benefit into my own account as specified above. Specify amount or percentage: _____

On retirement from a Pension Fund you are entitled to commute up to a maximum of 1/3^d (33.33%) of your retirement benefit. The exception to this rule is if your retirement benefit is less than R247 500, you are then permitted to take the full retirement benefit as a lump sum.

- ☐ Transfer of Benefit; ☐ Full Benefit
- ☐ Portion of Benefit: _____ Specify amount or percentage: _____

NAME OF FUND: _____

TYPE OF FUND: _____

CONTACT DETAILS: _____

IMPORTANT NOTES**Paid -up Membership****1. Terms**

As a paid-up member, you are required to preserve your entire withdrawal benefit in the Fund (i.e. you may not take any portion in cash and preserve the balance). You may access your paid-up benefit (cash and/ or transfer) at any age prior to or at retirement. No new contributions to the Fund are permitted. No deductions may be made from your member share in respect of any insured risk benefits.

With effect from 1 March 2019, you automatically become a paid-up member in the Fund on the termination of your employment, if you **do not choose a benefit option**. You remain a paid-up member in the Fund until you complete and submit a withdrawal claim form, instructing the Fund what you wish to do with your member share.

2. Tax

You do not pay any tax when you become a paid-up member. Any future lump sum taken will be taxed on the same basis as any other lump sum payment from a fund.

3. Investments

Your member share remains invested in your elected investment portfolio. You are permitted 1 free switch per year and the cost for additional switches is R350 (including VAT) per switch and will be paid from your member share. For more detail about the investment options, fees or the underlying investment portfolios, please contact the Fund's Administrator on 021 943-5330 or 021 943-5357 or send your ID number and contact number to rbc@verso.co.za and a counsellor will contact you.

4. Communication

You will receive an annual benefit statement (including a confidential beneficiary nomination form), as well as a Paid-up certificate, confirming your status as a Paid-up member.

5. Fees

For information on the fees payable for Paid-up membership, please contact the Fund's Administrator on 021 943-5330 or 021 943-5357 or send your ID number and contact number to rbc@verso.co.za and a counsellor will contact you.

Retirement Benefits Counselling

You have access to Retirement Benefits Counselling prior to you deciding on the payment of your Fund benefit and before your benefit is paid to you or is transferred to another approved fund. The option(s) you exercise now may have a long-term impact on your financial well-being and you are encouraged to take the necessary steps to empower yourself to make well-informed decisions. Please contact the Fund's Administrator on 021 943 5330 or 021 943 5357, if you wish to speak to a counsellor. Alternatively, you can send your contact number and ID number via e-mail to rbc@verso.co.za and a counsellor will contact you.

Deductions to be made from pension benefits

Any legitimate deductions will be made from your benefit irrespective of your option chosen. This is particularly relevant if you have an outstanding pension backed housing loan balance at the time of your exit from employment.

Financial Advice

The Fund encourages members to constantly seek financial advice on all fund matters and particularly when benefits become payable. Please note that the Fund will not pay fees or commissions to any financial advisers.

Confidentiality

The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation.

Tax Directive

Payment will only be made on receipt of a tax directive, issued by the SA Revenue Service (SARS).

DECLARATION BY MEMBER

It is hereby confirmed that:

1. The information contained herein is correct.
2. I am satisfied with the information and / or counselling that I received and the benefit options available to me were disclosed and explained in a clear and understandable language.

SIGNATURE OF MEMBER _____

DATE _____

TO BE COMPLETED BY THE EMPLOYER

EMPLOYER DETAILS

NAME OF EMPLOYER _____

TEL NO. (_____) _____ CELL PHONE NO. _____

E-MAIL ADDRESS _____

BANKING DETAILS

ACCOUNT HOLDER'S NAME _____

BANK NAME _____ ACCOUNT NUMBER _____

BRANCH NAME _____ BRANCH CODE _____

ACCOUNT TYPE: ☐ CURRENT ☐ SAVINGS ☐ TRANSMISSION

REFERENCE NUMBER _____ (if applicable)

CLAIM DETAILS

DATE OF TERMINATION OF SERVICE _____

REASON FOR TERMINATION OF SERVICE:

- ☐ WITHDRAWAL _____ (Resignation, Dismissal, Abscondment, Retrenchment, Transfer)
- ☐ RETIREMENT _____ (Voluntary Early, Compulsory Early, Normal, Late, Ill-health)
- ☐ DEATH

CONTRIBUTION DETAILS

FINAL MONTH IN WHICH CONTRIBUTION WAS MADE _____

AMOUNT OF FINAL CONTRIBUTION

R_____ MEMBER

R_____ EMPLOYER

PRIOR CLAIM

Is there a prior claim in respect of section 37D of the Pension Funds Act?

☐ YES

☐ NO

If yes, please provide proof of the claim and employer banking details.

Housing loan guarantee by the fund to the bank
(Fund's home loan facility):

R

Housing loan guarantee by the employer:

R

Compensation for damage caused by the employee*:

R

*Where "Compensation for damage caused by the employee" applies, the employee and employer are required to complete the 'Acknowledgement of Liability and Agreement to Pay' form which is available for download from the website.

DECLARATION BY EMPLOYER

It is hereby confirmed and warranted:

- The employer has made every reasonable effort to inform the member that the Fund has a mandatory obligation to provide access to Retirement Benefits Counselling, before the member makes any decision regarding the options available, at termination.
- The information contained herein is correct and in particular, that the banking details provided above have been confirmed as correct;
- The employer will endeavor to take reasonable steps to ensure that the member signs the form;
- In cases where the member does not sign the form, the Employer shall sign on behalf of the member.

The Employer hereby unconditionally absolves the Fund and Verso Financial Services and as necessary keeps indemnified the Fund and Verso Financial Services from and against all and any loss, damage, costs and expenses which the member, beneficiaries or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of Verso Financial Services, on behalf of the Fund, relying on and using any information supplied by the Employer, specifically where the Employer has failed to obtain the member's signature on this form.

FULL NAME OF AUTHORISED OFFICIAL OF THE EMPLOYER _____

WORK TEL NO. (_____) _____

FACSIMILE NO. (_____) _____

E-MAIL ADDRESS _____

SIGNATURE OF AUTHORISED OFFICIAL OF THE EMPLOYER _____

DATE _____

EMPLOYER STAMP

SUPPORTING DOCUMENTS REQUIRED

WITHDRAWAL: Bank Statement

RETIREMENT: Proof of identity
Bank Statement

DEATH: Original certified copies of the following documents:

- Death Certificate (BI-5 or BI-20)
- Member and Spouse's Identity document
- Marriage Certificate
- Identity documents of any other dependants
- Beneficiary Nomination Form

Disposal of Death Benefits Form

Banking Details and Addresses of Dependants/Beneficiaries