ACUMEN RETIREMENT ANNUITY FUND

WITHDRAWAL/TRANSFER NOTIFICATION

Please help us to pay your benefit quickly and smoothly by completing this form in full and in CAPITAL LETTERS.

MEMBER'S DETAILS																								
Surname:																								
Initials:]	First	Nam	es:																			
RSA ID Number:														Date	of Bir	th:	D	D	M	M	Y	Y	Y	Y
If no RSA ID number, Passport Number:																								
Country of Issue:																								
Physical Address:																								
Unit Number:				C	Comp	olex	Nar	ne:																
Street Number:																								
Suburb:																								
Country: Postal Code: I																								
Postal Address:																								
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] Po	ostal	Coo	de:										
Contact Details:						1		-	-		1													
Telephone Numbers:	or:		1	 			1																	
E-mail Address:	01.		1	I											1			<u> </u>				1		
Income Tax Number:]												
Current Annual Taxable	Sala	ary:		R]									
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PAYMENT INSTRUCT		l (tic	ck ar	nror	oriat	e hr	אר אר	nd c	omr	olete	he	Ser	ction	ns as ir	dica	ted)								
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Withdrawal due to	o er	nigr	ation	. Bei	nefit	to b	e pa	aid ir	n cas	sh to	me	mbe	r.	(C	omp	lete	Sec	tion	1 b	elow	/)			
Benefit to be tran	sfei	rred	to a	nothe	er ap	pro	ved	retir	eme	nt ar	nnui	ty fu	nd.	(C	omp	lete	Sec	tion	2 b	elow	/)			
PAYMENT INSTRUCTIO)N -	– SE	ECTI	ON 1																				
PAYMENT INSTRUCTION – SECTION 1														s own b	ank	acco	ount							
Important: Please ensure that the details provided below are for the member's own bank account																								
Important: Please ensur Account Name:	e th																							
	e th													Bank	Nam	ne:								

PAYMENT INSTRUCTION – SECTION 2																				
Name of Approved Fund:																				
Broker/administrator's contact details:					Nar	ne:														
Telephone Numbers:												c	or							
E-mail Address:																				

MEMBER'S DECLARATION

I hereby confirm that:

- the details provided herein, in particular my banking details, are true and correct in every way;
- in the event of any loss suffered as a result of any incorrect details provided herein, neither the fund nor Robson Savage can be held liable for such losses;
- I understand the options available to me with regards to the payment of my benefit, including the tax implications;
- I understand that on receipt of this form the administrator will disinvest my fund value into the fund's bank account and that this could take up to 5 working days; that the money will be held in the bank account earning bank interest until payment is made; and that Robson Savage cannot be held responsible for the impact of market fluctuations during these processes;
- I understand that transfers between funds are regulated by the protective measures of Section 14 of the Pension Funds Act
 and that the transfer process may take some time; further there may be costs involved which will be advised to me by the
 administrator if applicable.

Member's Signature:

Date: D D M M Y Y Y Y

Documents to be submitted together with this form:

- Copy of member's ID
- Proof of banking details for cash payment. (This can be a copy of a bank statement on the bank's letterhead, a copy of a cancelled cheque or a letter from the bank on the bank's letterhead confirming the account name and the account number.)
- Proof of emigration from South African Reserve Bank, where applicable.