

PAID-UP BENEFIT WITHDRAWAL NOTIFICATION

- Please help us to pay your benefit quickly and smoothly by completing all sections in full using CAPITAL letters.
- Indicate all options selected by means of a cross [X].
- Ensure that all information provided is accurate.
- Should you require any assistance with this form please contact Robson Savage (Pty) Ltd on 011 643 4520.

FUND DETAILS

Name of Fund:

MEMBER DETAILS

Title:

 Surname:

First Name(s):

RSA ID Number:

 Date of Birth:

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If no RSA ID number, Passport Number:

Country of Issue:

Physical Address

Unit Number:

 Complex Name:

Street Number:

 Street Name:

Suburb:

 Town:

Country:

 Postal Code:

Postal Address: Same as Physical Address *(If not, please provide details below)*

Postal Code:

Contact Details:

Telephone Numbers:

 or

E-mail Address:

Preferred Method of Communication: Post: E-mail:

Income Tax Number:

IS THERE A DIVORCE ORDER OR MAINTENANCE ORDER TO BE PAID FROM YOUR BENEFIT?

No Yes *(If yes, please provide us with a copy of the court order)*

PAYMENT INSTRUCTION (mark appropriate box and complete the sections as indicated)

*You are strongly encouraged to preserve your fund benefits for your eventual retirement, and to seek professional financial advice before deciding what to do with your benefit.
Should you require financial advice please contact your fund administrator on 011 643 4520 for assistance.*

Please note that all benefit payments are subject to current tax legislation.

Full benefit to be paid in cash to member. (Complete **Section 1** on page 2)

Full benefit to be transferred to another approved fund. (Complete **Section 2** on page 2)

Part cash payment/part transfer to another approved fund. (Complete **Section 1 and 2** on page 2)

Specify amount to be taken in cash. R

