

IS THERE ANY INDEBTEDNESS TO THE EMPLOYER TO BE DEDUCTED FROM YOUR BENEFIT?

(Section 37D of the Pension Funds Act allows for the deduction of amounts from the member's benefit in the event of an employer suffering loss due to a member's **theft, dishonesty, fraud or misconduct**, where a member has admitted liability in writing or a court judgement has been obtained. If there is a pending court case, the benefit or a portion of the benefit can be held by the fund until the case has been finalised. In such instances the case number will be required.)

No

Yes (If yes, please provide us with a copy of the court order or the member's written admission of liability.)

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

You are strongly encouraged to seek professional financial advice before deciding what to do with your benefit. Should you require financial advice, or further information regarding the options available to you, 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 below)

Full benefit to be transferred to another approved fund. (Complete Section 2 below)

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

Specify % or amount to be taken in cash: % or R .

PAYMENT INSTRUCTION – SECTION 1

Important: Please ensure that the details provided below are for the member's own bank account.

Bank Name: Account Type:

Account Number:

PAYMENT INSTRUCTION – SECTION 2

Name of Approved Fund:

Broker'/Administrators Contact Details:

Name:

Telephone Number's: or

E-mail Address:

DECLARATION BY MEMBER

I hereby confirm that:

- the details provided herein, in particular my banking details (if applicable), 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, the employer nor Robson Savage (Pty) Ltd can be held liable for such losses;
- I am aware of the retirement benefits counselling that is available to me;
- I understand the options available to me with regards to the payment of my benefit, including the tax implications; and
- I acknowledge that once my benefit has been calculated and disinvested it will be held in the fund's bank account until such time as payment of the benefit is made in terms of my payment instruction.

Member's Signature

Date

DECLARATION BY EMPLOYER

I hereby confirm that:

- the information contained herein is correct, and in particular, that the member's banking details provided (if applicable) have been confirmed as correct;
- the employer has made available to the member a copy of the "Options when leaving a retirement fund" document.

Employer Stamp

Authorised Signature: _____

Name: _____

Date: _____

Note: Documents to be submitted together with this form:

- Copy of member's ID
- Proof of banking details if any part of the benefit is to be paid in cash to the member. (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.)