Please tick the applicable box below:

ACUMEN PRESERVATION PENSION FUND ACUMEN PRESERVATION PROVIDENT FUND

RETIREMENT 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.

TYPE OF RETIREMENT (tick appropriate box)

Normal (Age 55 onwards) Ill-Health (Only available on approva	III-Health (Only available on approval from the fund trustees)													
MEMBER DETAILS														
Title: Surname: Surname:					T									
First Name(s):							7							
RSA ID Number: Date of Birth:	D D	Μ	Μ	Y	Y	Y	Y							
If no RSA ID Number, Passport Number:														
Country of Issue:														
Physical Address														
Unit Number: Complex Name:														
Street Number: Street Name:														
Suburb: Town: Town:														
Country: Postal Code:														
Postal Address: Same as Physical Address (If not, please provide details below)														
Postal Code:														
Contact Details:														
Telephone Numbers:														
E-mail Address:														
Preferred Method of Communication: Post E-mail														
Income Tax Number:														
Current Annual Taxable Salary: R														
IS THERE A DIVORCE ORDER OR MAINTENANCE ORDER TO BE PAID FROM YOUR BEI	NEFIT	T?												
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)														
Please familiarise yourself with the options available to you on retirement from the fund.														
This information can be found in our Retirement Benefits Counselling document which is available on our website <u>www.robsav.com</u>														
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 on page 2)														
Note: In order to avoid unnecessary delays with the processing of your benefit payment, please make sure that this option is available to you before selecting this option.														

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PAYMENT INSTRUCTION	con	tinued.																								
Full benefit to be used to purchase a pension.												(Complete Section 1 below)														
Part cash payment/ part purchase of pension. (Complete S												e Se	ecti	ons	s 1 a	and	1 2 k	oelov	v)							
Specify % or amount to	be	taken ir	n cash	:						%		0	r		R].		
or Tick this box to indicate that you wish to take the maximum amount that is permissible Note: In order to avoid any unnecessary delays with the processing of your benefit payment, please make sure that you are aware of any restrictions applicable to your benefit regarding annuitisation requirements.																										
PAYMENT INSTRUCTION – SECTION 1																										
Important: Please ensure that the details provided below are for the member's own bank account.																										
Bank Name:										А	ccou	nt	Туре	: [
Account Number:																										
PAYMENT INSTRUCTION – SECTION 2																										
Tick this box if you wish to make use of the fund's annuity strategy. (No further details required)																										
If you are not using the fund	's i	annuity	strate	gy I	olea	ase pr	ovid	e the	in	form	natior	n re	eque	ste	d be	elon	v:									
Name of Insurer:																										
Broker's Contact Details:		Name:																								
Telephone Number's:										or																
E-mail Address:																				\Box	L	\Box	\square			
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 understand that on receipt of this completed 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; In the event that, on receipt of this claim form by the administrator, I have not yet reached age 55 and am not applying for ill-health early retirement, the process of calculating and disinvesting my benefit will only begin once I have reached age 55. 																										
Member's Signature					_				Da	ite												-				

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.)

The administrator will notify you should there be any further requirements.