## **DIVORCE BENEFITS DUE TO NON-MEMBER SPOUSE - PAYMENT INSTRUCTION**

- 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 Member's Fund:													
Name of Member's Employer/Pay Centre:													
MEMBER'S DETAILS													
Title: Surname: United Surname: Surname													
First Name(s):													
RSA ID Number: Date of Birth: D D M M Y Y	YY												
If no RSA ID Number, Passport Number :													
Country of Issue:													
NON-MEMBER SPOUSE'S DETAILS													
Title: Surname:													
First Name(s):													
RSA ID Number: Date of Birth: D D M M Y Y	YY												
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 or													
E-mail Address:													
Professor d Matheway of Communications													
Preferred Method of Communication: Post E-mail													
Income Tax Number:													
Current Annual Taxable Salary: R													
TYPE OF MARRIAGE CONTRACT (Please mark the appropriate box below to confirm the type of marriage contract that existed between you and your ex-spous	e)												
Community of Property													
Ante Nuptial Contract <i>without</i> accrual													
Ante Nuptial Contract <i>with</i> accrual													

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PAYMENT INSTRUCTION (Please mark the 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 the fund administrator on 011 643 4520 for assistance.																																
	Р	'le	ase	no	ote t	hat	all	l bei	nef	it p	ayn	nen	ts	are s	ubj	ect	to	curi	ent	tax	leç	gisl	atic	n.								
Full benefit to be paid in cash.															(Complete <b>Section 1</b> 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:												%	<u>c</u>	<u>or</u>	R								$\perp$		. [							
PAYMENT INSTRUCTION – SECTION 1																																
Important: Please ensu	ıre t	tha	at the	e d	letai	ls p	rov	/idec	d be	elow	v ar	e fo	r tl	he <u>no</u>	n-m	eml	ber	spo	use	<u>'s</u> o	wn	bar	ık a	ссо	unt.							
Bank Name:		L		I											Account Type:																	
Account Number:		L		Ι																												
PAYMENT INSTRUCTION – SECTION 2																																
Name of Approved Fund	d:																										$\mathbb{I}$					
Broker'/Administrators (	Cont	tac	ct De	∍ta	ails:																											
Name:																																
Telephone Number's:				I											or																	
E-mail Address:				I																						I	I					
			L																							上	$\perp$	$\perp$		$\underline{\perp}$	<u>_</u>	
DECLARATION																																
I hereby confirm that:  the details provided  in the event of any Savage (Pty) Ltd ca  I understand the op  I understand and a effect the payment.	loss an b otion acce	s s e l is a	suffe held avail	red Hia Iab	d as able ole to	a re for a	esi sud e w	ult of ch lo vith r	f ar sse reg	ny ir es; ards	ncoi s to	rrec <sup>.</sup> the	i d pa	letails aymer	pro nt of	vide f my	ed l	nere nefi	in, i	neit clud	her ding	the the	fur e ta	d, t	he plic	emp atio	ons	; an	ıd			
Non-Member Spouse's Signature												Da	te												_							

Note: Documents to be submitted together with this form:

- Copy of non-member spouse's ID
- Proof of banking details if any part of the benefit is to be paid in cash. (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.)
- Copy of stamped divorce decree, correct in terms of the Pension Funds Act, if not already provided

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