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## RECEIVE YOUR HARD-EARNED BENEFITS ON THE ACTUAL DAY YOU RETIRE!

After a lifetime of working and saving for the big day, when members finally stop working they are likely to be reliant on the cash and pension income from their retirement savings. There's no payslip in the month following retirement but you still need to put bread on the table.

*It would therefore be unfortunate if retired members had to wait for their retirement fund benefits to be paid out.*

At Robson Savage, we've responded to members' needs by creating our **RETIREMENT FAST TRACK** option for those who are about to retire.

All we require is for the member and employer to co-operate by sending us the necessary forms in good time and we will then arrange for the **benefit payments to be made on the member's actual day of retirement!**

This is possible because of the wonderful way in which we at Robson Savage maintain clean membership data and our slick administration abilities.

### HOW DO YOU MAKE THIS HAPPEN?

- An advance notice form one month ahead of retirement date
- A retirement benefit instruction form at least 10 working days before retirement date
- Agreement by the member that their fund credit can be disinvested into the fund's bank account to facilitate payment on the day of retirement
- Agreement by the employer to make sure the member's final fund contribution is received at least 5 working days before retirement date

*In order to make use of this market-leading facility, simply arrange for your payroll office to be in touch with the fund's administrator at Robson Savage, who will gladly provide assistance through the process.*

We encourage trustees and employers to make use of this option, and provide welcome comfort on that bitter-sweet day when a member leaves work for the last time ...

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Visit us at [www.rob.sav.com](http://www.rob.sav.com)

**RETIREMENT FAST TRACK CLAIM PAYMENT INSTRUCTION FORM**

**Please note that this form, including supporting documents, must reach the administrators at least 10 working days prior to the member's date of retirement.**

- 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:	
Name of Employer/Pay Centre	

**MEMBER DETAILS**

Title:		Surname:	
First Name(s):			
RSA ID Number:		Date of Birth:	
If no RSA ID Number, Passport Number :			
Country of Issue:			
<i>Physical Address</i>			
Unit Number:		Complex Name:	
Street Number:		Street Name:	
Suburb:		Town:	
Country:		Postal Code:	
<i>Postal Address: Same as Physical Address (If not, please provide details below)</i>			
			Postal Code:
<i>Contact Details:</i>			
Telephone Numbers:		or	
E-mail Address:			
Preferred Method of Communication:	Post	E-mail	
Income Tax Number:		Employee Number:	
Date of Retirement:		Month of final contribution:	

**TYPE OF RETIREMENT (tick appropriate box)**

Normal      Early      Ill-Health      Late

**IS THERE A HOUSING LOAN FROM THE FUND OR GUARANTEED BY THE FUND TO BE SETTLED FROM YOUR BENEFIT?**

No	Yes (If yes, please provide details below)
Lender:	Approximate settlement value: R

**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)

(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.)

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

**Please familiarise yourself with the options available to you on retirement from the fund.**

*You are strongly encouraged to seek professional financial advice before deciding what to do with your benefit.*

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

(Complete **Section 1** below)

(Complete **Section 2** below)

(Complete **Section 1** and **2** below)

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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.

(Proceed to **Declaration by Member** on page 3)

Full benefit to be transferred to a Preservation Fund or Retirement Annuity fund (not administered by Robson Savage (Pty) Ltd). (Complete **Section 3** below)

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

[illegible][illegible][illegible]

Tick this box if you wish to make use of the fund's annuity strategy. (No further details required)

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

### 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.

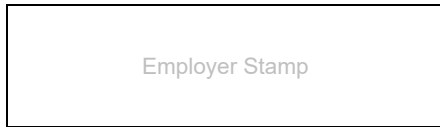
\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

### EMPLOYER'S DECLARATION

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 "Retirement Benefits Counselling" document.



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.)