

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 your fund administrator on 011 643 4520.

Documents to be submitted together with this form:

- Clear 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.)

FUND DETAILS

Name of Fund:	<input type="text"/>
Name of Employer/Pay Centre	<input type="text"/>

MEMBER DETAILS

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

TYPE OF RETIREMENT (mark 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)

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)

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 from your HR department or on our website www.robsav.com

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.

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.

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

PAYMENT INSTRUCTION – SAVINGS COMPONENT

Not Applicable. I do not have a Savings Component.

Full amount to remain invested in this fund until further notice. (Complete **Declaration by Member** on page 4)
Note: If you choose this option then your Vested Component and your Retirement Component must also remain invested. Please ensure that you familiarise yourself with any fees applicable to this choice.

Full amount to be paid in cash to member. (Complete **Section 1** on page 4)

Full amount to be used to purchase a pension. (Complete **Section 2** on page 4)

Part cash payment/part purchase of pension. (Complete **Section 1 and 2** on page 4)

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

*This amount must be the gross cash amount. Where applicable, tax will be deducted, and the net amount paid to you.

**Full amount to be transferred to the fund selected below (choose one):

Acumen Retirement Annuity Fund

Acumen Preservation Pension Fund

Acumen Preservation Provident Fund

(All the above funds are administered by Robson Savage (Pty) Ltd)

(Complete **Declaration by Member** on page 4)

Full amount to be transferred to a Preservation Fund or Retirement Annuity Fund (not administered by Robson Savage (Pty) Ltd). (Complete **Section 3 on page 4)

**Please note:

- These options are NOT available if you are taking Early Retirement. Please speak to your fund administrator if you need more information.
- If you choose this option, then your Vested Component and your Retirement Component must also be transferred.

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

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

If you are not using the fund's annuity strategy, please provide the information requested below:

Name of Insurer:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Broker's Contact Details:

Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone Number's:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 or

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail Address:

PAYMENT INSTRUCTION – SECTION 3

Name of Fund:

Broker/Administrator's 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

EMPLOYER'S DECLARATION

I hereby confirm that:

- the information contained herein is correct, and in particular, that, if applicable, the member's banking details provided in Section 1 of the Payment Instruction have been confirmed as correct;
- the employer has made available to the member a copy of the Retirement Benefits Counselling document.

Employer Stamp

Authorised Signature: _____

Name: _____

Date: _____