

DIVORCE BENEFIT APPLICATION

Name of Retirement Scheme:

Name of Employer/Paypoint:

Important Information:

- The purpose of this document is simply to collate the basic information that may be required should a benefit in terms of a divorce order need to be paid out by the fund and in no way implies that any benefit may be payable from the fund.
- Before any consideration is given to payment of a benefit, the divorce order must be a valid divorce order and it must be enforceable on the fund.
- Where the divorce order is not enforceable on the fund, you and the member will be duly notified.
- It is in your best interest to supply us with all the relevant information.
- The claim will be processed when all the documents (mentioned below) are received by the fund or the later date of receipt of any outstanding documents and this date will be considered as the date of election by you to receive a benefit in terms of the final divorce order.

MEMBER'S PARTICULARS (please complete in full)

Surname

First names

Maiden name

ID/Passport number Date of birth

Residential address
Unit number Complex
Street number Street/Farm name
Suburb City/Town
Country Code

Postal address

 Code

Telephone numbers
Home Work
Cell E-mail

Date of divorce

Employee number Date of employment

Income tax number Revenue office

Non-completion of the above may result in a delay in the settlement of this claim.

CLAIMANT'S (NON-MEMBER SPOUSE'S) PARTICULARS (please complete in full)

Surname

First names

ID/Passport number Country of issue Date of birth

Residential address
Unit number Complex
Street number Street/Farm name
Suburb City/Town
Country Code

Postal address

 Code

Telephone numbers
Home Work
Cell E-mail

Income tax number Revenue office

Non-completion of the above may result in a delay in the settlement of this claim.

DOCUMENTATION TO BE ATTACHED (CERTIFIED COPIES REQUIRED):

Original certified Identity Document (Claimant)

Cancelled cheque or Bank Statement (Original or original certified copy) reflecting the account number

Original certified copy of Divorce Order

Original certified copy of Settlement Agreement

PAYMENT INSTRUCTIONS: Payment and distribution of benefits - Kindly complete the relevant section(s).

1. If the benefit is to be transferred to an Approved Fund, attach a copy of the transfer application form.

Please note: A non-member spouse can request a part payment prior to transfer to a preservation fund and this payment may be considered as a once-off withdrawal payment.

Name of Fund/Insurer	<input type="text"/>																															
Policy / deposit reference	<input type="text"/>																															
FSB registration number	<input type="text"/>										SARS approval number	18	/	2	0	/	4	/	<input type="text"/>													
Broker's name	<input type="text"/>																															
Broker's email address	<input type="text"/>																															
Broker's telephone numbers	Home	C O D E N U M B E R										Work	C O D E N U M B E R																			
	Cell	<input type="text"/>										Email	<input type="text"/>																			

Banking details to be used for the portion of the benefit to be transferred:

Account holder's name	<input type="text"/>																													
Account number	<input type="text"/>																													
Branch code	<input type="text"/>										Type of account:	<input type="checkbox"/> Current	<input type="checkbox"/> Savings																	
Name of bank	<input type="text"/>																													
Name of branch	<input type="text"/>																													

2. If the benefit is to be paid to the claimant please ensure that the banking details section below is completed in full.

Please note: Ensure that the bank account details supplied are in respect of claimants own account

Account holder's name	<input type="text"/>																													
Account number	<input type="text"/>																													
Branch code	<input type="text"/>										Type of account:	<input type="checkbox"/> Current	<input type="checkbox"/> Savings																	
Name of bank	<input type="text"/>																													
Name of branch	<input type="text"/>																													

- Failure to complete the above in full may result in a delay in settlement of this claim
- Should the fund be required to settle indebtedness, the transfer of the balance of the benefit in accordance with the above instructions will be delayed.

Claimant's signature & discharge

I hereby certify that I am a non-member spouse of a member of the aforementioned fund and that the information provided herein is true and correct in every way to the best of my knowledge and belief. In the event of any loss suffered as a result of any details provided herein being incorrect or incomplete, neither the fund nor Alexander Forbes can be held liable for such losses.

Claimant's signature _____ Date _____