

ALEXANDER FORBES FINANCIAL SERVICES (PTY) LTD Reg No. 1969/018487/07 | FAIS Licence no: 1177

Operations & Administration

Alexander Forbes, 115 West Street, Sandown, 2196

P O Box 652071, Benmore, 2010

Tel: +27 0860 100 333 | Fax: +27 11 324 3461

## WITHDRAWAL NOTIFICATION

Name of Retirement Sche	me	:												N	lan	ne c	of E	Emp	olo	yer	/Pa	ypo	int	:									
MEMBER'S PARTICULARS	(p	lea	se	con	nple	ete	in fı	ull)																									
Surname			Τ						Π	Τ	Τ				Π		Π		Τ								Τ						
First names			T				İ			T	T				İ		İ		İ		Ì				İ	İ	Ť	İ	Ħ				
Maiden name									i i	T	İ								Ì		Ì												
ID/Passport number			İ								İ			Ì	Cou	ntry	of i	ssu	e [			Da	ate	of b	irth	D	D	M	M	Υ	Υ	Υ	Υ
Residential address	Ur	nit n	um	ber					T	<sup>†</sup> c	omp	olex		<u> </u>		Ť		Τ	T	T		_		Π			T	T	T				
	St	reet	t nu	ımbe	er	F			Ť	╡	•			n na	ame	, _	T	T	T	T		Т		T	T	T	T	T	T	<u> </u>			T
	Sı	ıbur	rb				İ	İ	T	Ī	Τ				Π		İ	İ	Ť	Ť	İ	1	Cit	y/Tc	wn	Ė	Ť	İ	Ė	İ		Ė	Ė
	Co	ount	try			F				T	İ									T	<u>'                                    </u>			, 			i	Co	ode				
Postal address			Ť					Т	T	T	T				Т		Т		T	T							<u>,                                     </u>	Τ					
			T						T	Ť	T				T		T		T		İ				T	T	T	T	Ħ				
			T						T	Ť	T				T		T		T						T	T	i	C	ode				
Telephone numbers	Н	ome	;		С	0	D	Е		N	U	M	В	Е	R	Ì					W	ork	С	0	D	Е		Ν	U	M	В	Е	R
·	Ce	ell							İ	T	İ						Er	nail										Ī	T				
Employee number									İ	T	İ				İ		Π	ĺ	1	Da	ate o	of er	nplo	oym	ent	D	D	M	M	Υ	Υ	Υ	Υ
Date of withdrawal	D	D	M	M	Υ	Υ	Υ	Υ	i 1										D	ate (	of la	st c	ontr	ibut	tion	D	M	M	Υ	Υ	Υ	Υ	Υ
Annual salaries at date of withdo	rawa	al	٠.	Taxa	able	R	Ì	Ì	<u> </u>		Τ			],			1			Pen	siona	able	R				Ì	Ì			,		
Period of employment outside F	RSA	pric	or to	o wit	hdra	awa	ıl		İ	Co	ompl	eted	yea	ars	F	rom	D	D	M	M	Υ	Υ	Υ	Υ	to	D	D	M	М	Υ	Υ	Υ	Υ
Income tax number		İ	Τ				Γ	Ī	İ	T	1	F	Reve	enue	e of	fice			Ì	Ì	Ì		Ì	Ì			Ì	Ì	T				
Non-completion of the above ma	ay re	esul	t in	a de	elay	in t	he s	ettl	em	ent	– of th	nis c	lain	n.					•							•	•	•					
REASON FOR WITHDRAW	AL	(tic	k a	appı	opr	iate	e bo	ox)	( <b>v</b>	<u></u>																							
Resignation		Disn	niss	sal						Qual	lifyir	ng R	etre	ench	nme	nt*							No	n-Q	uali	fyin	ıg R	etre	ench	mer	nt		
* Note: In order to select "Qualifying Retrenchm	ient",	the	follo	wing	crite	ria r	nust	be c	ons	idere	ed in	term	s of p	para	grap	h 2(1	l)(a)	(ii) of	f the	Sec	ond \$	Sche	dule	of th	ne In	com	іе Та	x Ac	t whic	ch is	sum	mari	sed
<ul> <li>as follows:</li> <li>That the member's termination or loss o</li> <li>His or her employer having ceased</li> </ul>							carr	v on	the	trad	e in r	esne	ct of	f whi	ch h	e or s	she i	was	emr	love	d or												
<ul> <li>That person having become redund</li> </ul>	dant	in co	onse	quer	ice o	f his	or he	er er	nplo	yer l	navin	g eff	ecte	d a g	jene	ral re	duc	tion i	in pe	erson	nel c		•							oom	0001	, on	4
Provided that this sub item does not a that person at any time held more that																					entv	viiei	e me	e pe	1501	ıse	при	byei	is a	COIII	pany	an	ג
IS THERE A DIVORCE OR I	MAI	INT	ΈN	IAN	CE	CC	OUF	RT (	OR	DE	RI	SSI	JEC	) A	FFE	EC1	ΓIN	G T	НЕ	E PA	YN	IEN	IT (	)F	FU	ND	ВЕ	NE	FIT	S?			
Yes No		li	f ye:	s, ple	ease	pro	vide	a co	ру	of th	е со	urt o	rder	r.																			
INDEBTEDNESS TO EMPLO	VE	р т	·	RE	DE		\/E	) 	) E	PΛ	ME	2EN	EE	ITC	<b>(D</b>	odi	ıcti	ons	. 20	e no	re	octi	on	37[	) o	f th	~ B	one	eior	F	nde	- Λ	ct\
INDEBTEDNESS TO EMPLO	/16	N I	0	DL	NL	50	۷LI	\L	7 -	NO	IVI E	)LIV		113	ט) י	euu	ıcıı	UHS	o a	s pe	:1 5	#CU	OII	3/1	<i>-</i>		ег	ens	HOI	ıru	IIU	<b>5</b> A	JL)
																						R									,		
Section 37D of the Pension Funds The section provides two instances wh 1. When the member owes the fund for a housing loan taken by the m 2. In the event of an employer suffer has been obtained. In such insta	nen a or h emb ring l	a fun is en er an loss	nplo nd tl due	yer r he gu to a	none ıarar n em	y fo itee ploy	r an is er ee's	outs force the	tand ed. ft, di	ding ishor	hous nesty	sing I v, frai	oan ud oi	give r mis	n by scon	the duct,	func , wh	ere t	he e	emple	oyee	has	adn	nitted	d lial	oility		-	-		_		
PAYMENT INSTRUCTIONS:																		, .,															
Full benefit to be transferred to		•												mnl	ete	tran	isfe	r se	ectio	on o	verl	eaf	in fı	ıll									
· ·													•						mbe					leaf	in f	full							
3. Part transfer to another appro		fun	d a	nd p	art	ben	efit	to n	nen	nbe	r			•														sec	tions	ove	rlea	f in	full
Please specify amount to be take	ken	in c	ash	1:	R								],			ls	the	am	our	nt ind	dica	ted	pre	or p	oost	tax	?		Pre	9 [		Pos	st

A member can request a part payment prior to transfer to a preservation fund. SARS's current view is that any deductions made in respect of divorce orders, maintenance orders and housing loan settlements are not considered a once-off withdrawal. You will need to discuss and obtain clarity regarding the various available options with your broker/consultant.

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

_	ATMENT INSTRUCTION	3. F	ayıı	nen	ıı a	nu	uis	uibi	JU	OII	UI I	bei	lei	ıı –	NI	nui	y c	OIII	pie	;ie	uie	rei	eva		sec	uo	11(5	).						
	If the benefit is to be transfe form.	erred	to a	ret	iren	nent	anı	nuity	, pr	rese	rva	ition	fur	nd o	r th	ie ne	ew	emp	oloy	er's	reti	rem	ent	fund	d, at	tac	h a	cop	y o	f the	ар	plica	atior	1
	Name of fund / insurer																																	
	FSB registration number	1	2	1	8	/										SA	RS	appr	oval	l nur	nber	1	8	/	2	0	/	4	/					
RANSFER	Broker's name																																	
RAN	Broker's email address																																	
_	Broker's tel number	(			)																Cell	nur	nber											
	Broker's name																																	
_	If the benefit is to be paid	to the	e me	emb	er, p	olea	se e	ensu	re t	that	the	baı	ıkir	ng d	leta	ils s	ect	ion	belo	ow i	s co	mp	lete	d in	full.									
	Please note:																																	
œ	* Ensure that the bank acc									•							CCC	ount.																
뗾	Banking details to be us	ed fo	r th	e p	orti	on o	of th	ne bo	ene	efit 1	to k	e tı	an	sfei	rrec	d: 									_	_						_		_
뿔	Account holder's name	H	+	<u> </u>	<u> </u>	<u> </u>	+	+	+	+	+	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_				_			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	_	1	_	<u> </u>	$\exists$
ĭ	Account number	Щ	4	<u> </u>	<u> </u>	_	+	$\perp$	+																			4						
BENEFIT TO MEMBER	Branch code	Щ	1		1	<u> </u>	<u> </u>	<u> </u>	_									Гуре	of a	acco	unt [	ᆜ	Curr	ent			L	_	Sav	ings				_
8	Name of bank	Щ	4	<u> </u>		<u> </u>	_	<u> </u>	<u> </u>		1		1											<u> </u>									<u> </u>	4
	Name of branch	Ш																																
	Failure to complete the ab	ove i	n fu	ll ma	ay r	esul	lt in	a de	lay	in s	sett	lem	ent	of t	his	clai	m.																	
	payment of my benefit as sp the details provided herein, i I understand the options availa for such losses; I understand that I have the any amended payment instri I acknowledge that my benef payment instructions. The o a separate agreement is in p I understand that in terms of	in pa ble to ered right uctio fit wil nly e lace legis	to a to a n aff l be xce on t	ular with a res men ter r dis ption he f	my sult nd t ny i inve n to any	ban pard of a he p nitia stee this in t ben	king to the any al pa d and s pra term	g det ne pa deta ment ayme nd he actions of whice	ails ins ins ent eld the	s are ent of pro structinst in the vill be dis	e trof motion ctio	ue any book ed he congition of the congi	nd ene ver ha's b re t me	cor fits, ein I n to as be ank the a ent o	rec incl beir Ale een adm of ex	t in ludir exan act cou ninis kit b	eveng the ncondens ion to the strategy of the	ery whe in rrecored; until tor i	vay; there t, n rbes s in s in oee	; rent to s an ch to nstru nies; n pa	ax in er t d th ime ucte	mpli he f at A as   d in	cational Alexa payr wri	ons a nor ande ment ting	Ale or Fo t of t not	exai orbe the to s fre	nder es n ben disi	nay nefit	lev is i	s ca y a mad he i	e in	e ho for a teri ies	eld l actir ms o or v	iable ng on of my there
	in terms of the rules of the fo												na	ma	y be																			
·VI	ember's signature										_						116	_																
It i	MPLOYER'S DECLARAT is hereby confirmed and war information contained herein the employer has provided t the contact details for the In the employer will endeavour in cases where the member the employer hereby uncond exander Forbes from and ag	ranten is controlled in is controlled in its con	ed the orrest or embound or emboured or em	ect a per v Adv re th sig	ind, with ice ne m n th	o a c Cen nemi ne no	opy tre; ber otific	of t sign catio	he s tl on, an	"Op his i the nd A	noti em lex	ns a ifica ploy and	ivai tioi ver er	ilabl n; sha Forl	le to Il si bes	ign (	emb on l	beha s ne	on alf c	lea of th	ving e m y ir	the emi	eir ro ber. mnif	etire	mei and	nt fi	und eps	" do	ocui Iem	men nifi	tar edt	nd/o	r wi	l and
or sp	incur, either directly or indirectly or indirectly or indirectly where the employe	ectly er ha	as a s fai	a res iled	sult	of A	lexa	ande	r F	orbe	es, (	on b igna	eh	alf o	of th	e fu	nd,	rely	/ing	j on				-		•								
	there a waiting period to b	e wa	ive	u ? 						Ш 	Ye			No																				
Ε	mployer's stamp							thori me (			ına	ture	_																					
							Do	sign	atic	nn																								

Copyright in this material is expressly reserved and this form and all attachments (where applicable) remains the exclusive property of Alexander Forbes. This form and all attachments (where applicable) may not be copied, stored, retrieved or in any way reproduced without the express written permission of Alexander Forbes. Breach of copyright is a serious offence and can lead to litigation.

Contact number