

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

**Operations & Administration** 

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## **RETIREMENT NOTIFICATION**

Name of Retirement Scheme	:										I	Namo	e of	fEr	nple	oye	r/Pa	аур	oint	:										
MEMBER'S PARTICULARS (pl	lease co	omple	ete in	n full)	)																									
Surname																														
First names																														
Maiden name																														
ID/Passport number																			D	ate	of t	oirth	D	D	$\mathbb{M}$	$\mathbb{M}$	Y	Y	Y	Y
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Date of retirement				D	M	M	Y	Y	Y	Y	·					Da	ate	of la	st c	ont	ribu	tion	D	D	M	M	Y	Y	Y	Y
Annual taxable salary at date of	retirem	ent	R	2					Ī		, [																			
Period of employment outside F	≀SA prio	or to i	retire	men	t [			Com	nple	eted	years	s Fr	om	D	D	M	M	Y	Y	Y	Y	to	D	D	M	M	Y	Y	Y	Y
Income tax number										Re	evenu	e off	ice			Ī	Ī		Ī				Γ	Ť	Ī					$\square$
Do you have a spouse?	Ye	es [	1	No						Re	efer to	o rule	s o	f fu	nd/r	nen	nbe	r bo	okle	et fo	r de	efinit	tion	ofs	spou	se.				
Spouse's ID number (if Yes)									Τ																					
Non-completion of the above may re	sult in a	delav	in the	e sett	leme	nt of	this	claim	י. ו.																					
TYPE OF RETIREMENT (tick a		-																												
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(Deductions as per section 37D of Section 37D of the Pension Funds	the Pens Act	sion I	Fund	s Act	:)														R		То	tal						],		
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PAYMENT OPTIONS ELECTE	DE	3Y M	EME	BEF	R														(√	<b>(</b> )												_		_		_			
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2. Full benefit to provide pension																													the			6111	15 01	iu	con	un	1011	5	
3. Part of benefit required as a ca	ish l	ump ៖	sum a	and	ba	alan	се	to p	ro	vide a	a p	ensio	on																										
a) Lump sum commutation																																							
i) Show portion to be paid a	sao	cash I	ump	sun	n (r	men	nbe	er's	ba	ink a	cco	ount)											Γ	R						Τ			Τ	]	or	Γ			
ii) Show portion to be paid t	o an	inves	stmer	nt p	rod	luct																		R											or	[			
Option i) and ii) above cannot ex	cee	d the	max	imu	ım	of:	33.	33%	-	for p	ber	nsion	ı fu	nds	0	nly.																							
b) Balance to be transferred	to a	a com	pulse	ory	pur	rcha	ise	an	nu	iity pr	od	luct											Γ	R				Τ		Т			Τ	٦	or	Г			
If a pension is being purchased of													ie r	ules	6 0	of the	e fi	und	I), a	c	ру	of 1	he	sig	ned	lap	plic	ati	ion	forn	n m	us	t be	en	clos	ed			
Financial advisor/broker's name (i	ap	plicab	le)		Γ				Τ		Τ						Т			Γ	Τ											Γ	Τ	Т	Τ	Т			
Financial advisor/broker's email a	ldre	ss			Γ				T		Ī	Ì				Ì	Ť			Ī	Ť					Ī		T				Ē	Ť	Ť	T	T			
Financial advisor/broker's telepho	ne n	umbe	۶r		(	С	0	D	Ì	E	Ì	NU	U	M	В	E	Ì	R								Ce			0	D	Е		Ν	l	JN	M	В	Е	R
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Name of branch																															Γ								
Do you require financial planning a funds due to retirement.	ssis	tance	? Ple	ease	) CO	onta	ct	the I	Inc	divid	ua	l Adv	vice	e Ce	nt	re w	ho	will	l ad	vis	e m	em	ber	s of	the	ir o	ptio	ns	whe	n w	ithd	rav	ring '	fror	m th	eir	retii	em	ent
Share call number : 0860 100	983	į																																					
If provided by the fund and you wis	n to	exerc	ise a	ny c	:on	tinu	ati	on o	pt	ion, k	cin	dly co	onta	act t	he	Indi	vid	ual	Adv	vic	e Ce	entre	so	tha	t a	cor	sult	ant	ma	y as	sist	t yo	u in	exe	ərcis	ing	this	s op	tion
MEMBER'S SIGNATURE & D	ISC	HAR	GE		_																											_		_		_			
<ul> <li>I hereby confirm that:</li> <li>payment of my benefit as spe</li> <li>the details provided herein, in</li> <li>I understand the options availa</li> <li>in the event of any loss suffere</li> <li>I understand that I have the ri amended payment instructior</li> </ul>	pai ble d as ght	rticula to me s a res to am	ar my with sult o nend	y ba n reg of ar the	ank gar ny c e pa	ding d to deta aym	) de b th ails nen	etail le pa pro lt in:	s ayı ovi stı	are to ment ded l ructio	rue of nei	e and f my l rein b give	l co ber beir n t	orre nefits ng in o Al	ct s, i icc ex	in ev inclu orrect and	vei idi :t, i er	'y w ng t neit	vay the ther	; inł th	nere e fu	nt t nd	ax i nor	imp Ale	xar	nde	r Fo	orbe	es ca	an b	be h	eld	liab	ole f	for s	suc	h lo	sse	

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•	I acknowledge that my benefit will be disinvested and held in the fund's bank account until such time as payment of the benefit is made in terms of my pay-
	ment instructions. The only exception to this practice will be where the Administrator is instructed in writing not to disinvest the monies or where a separate
	agreement is in place on the fund in terms of the disinvestment of exit benefit monies;

I understand that in terms of legislation, any benefit which is due to me and which has not been paid within 24 months from the date it first became due in
terms of the rules of the fund will become an "unclaimed benefit" and may be transferred to an unclaimed benefit fund.

Member's signature	Date	

## **EMPLOYER'S DECLARATION**

It is hereby confirmed and warranted that the

information contained herein is correct and, in particular, that the member's banking details provided above have been confirmed as correct;

the employer has provided the member with a copy of the "Options available to members on leaving their retirement fund" document and/or with the contact details for the Individual Advice Centre;

the Employer will endeavour to ensure the member signs this notification; in cases where the member does not sign the notification, the employer shall sign on behalf of the member. •

The employer hereby unconditionally absolves the fund and Alexander Forbes and as necessary indemnifies and keeps indemnified the fund and Alexander Forbes from and against all and any loss, damage, costs and expenses which the beneficiaries, or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of Alexander Forbes, on behalf of the fund, relying on and using any information supplied by the employer, specifically where the employer has failed to obtain the member's signature on this notification.

Employer's stamp	Authorised signature	
	Name (Print)	
	Designation	
	Contact number Date	

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## IS THERE A DIVORCE OR MAINTENANCE COURT ORDER ISSUED AFFECTING THE PAYMENT OF FUND BENEFITS?

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for pension funds only.								
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Financial advisor/broker's name (if applicable)		
Financial advisor/broker's email address		
Financial advisor/broker's telephone number	O D E N U M B E R	Cell C O D E N U M B E R