

Withdrawal claim – member

The purpose of this form is for you to instruct Alexander Forbes on how to process your retirement savings because you have resigned, or have been retrenched or dismissed from employment. This instruction is important. If you do not understand the possible consequences of this instruction, please ask your financial adviser to explain.

In this form:

- 'You' refers to the person named on this form as the member.
- 'We' and 'us' refer to the company in Alexander Forbes that is shown on the top of this form, who is also the administrator of your fund.
- 'Fund' refers to the fund that you are a member of.

Key points to understand about this form

In the form, you will give details about:

- the member of the fund (you)
- your withdrawal
- the benefit and how we should pay it out.

Please read this document carefully. Contact your financial adviser if you have any questions. You should sign the form only if you agree to all the terms and conditions in it. The form is part of your contract with us. You must make sure that all the information is correct and that all parts of the form are complete. We have the right to treat the information given in the form as accurate and complete. If you make changes to what you have already filled in, you must sign next to each change.

If possible, the employer will ensure that you sign this form. If this is not possible, the employer will sign on your behalf.

Documents you must attach to this form

You must attach copies of the following documents to this form. We will start to process your application only when we have received all the documents we need.

- Divorce or maintenance court orders (if applicable)

Follow these steps

1. You need to fill out the form. You do have the option of filling in this form electronically and printing the electronic version of the form to be signed.
2. You must sign the form and date it.
3. Attach the documents requested above to the completed form.
4. Keep the first and second pages to refer to for any queries.
5. Ask your employer to complete the Employer's declaration in the form and to submit it directly to the contact person at Alexander Forbes.

Delays in carrying out your instructions

Neither we nor the fund are responsible for any losses that result from any delays you cause by:

- not filling in this form accurately and completely
- not giving us the documents we ask for.

This includes losses in the value of your investment and losses that occur because you may have to pay more tax than you anticipated.

Protecting your information

For us to provide the service to you, you must give us the personal information we ask for in this form. We will process your personal information for valid and lawful reasons only.

It is the company in Alexander Forbes shown at the top of this form that is collecting and processing this information.

Why we need your personal information

We collect your personal information in this form so that we can:

- pay your benefit from the fund or under the policy
- share it with a third party (who we contract with to provide services to you), so that we can provide services to you.

Other parties that may get your personal information from us

We have the right to share your personal information with the following parties:

- regulators or government entities so that they can perform their duties to us
- our auditors so that they can perform their duties to us
- any person or organisation that has a legal right to access your information.

Keeping your personal information safe and confidential

We will take care to keep your personal information safe and obey any legal requirements about protecting your personal information (for example the *Protection of Personal Information Act* when it becomes effective).

We will keep your personal information confidential and will not share it except in the circumstances explained in this document. We will keep your personal information for as long as:

- we need it to achieve the purposes set out above
- any law or contract requires us to keep the information
- the fund or insurer needs it for lawful purposes linked to its functions.

Once we are no longer authorised to keep your information, we have the right to take any one or more of the following actions:

- destroy the information
- delete the information
- de-identify the information.

We do not have to let you know when we take any of these actions.

Alexander Forbes is not responsible for any loss you or anyone else may suffer if important information is left out of this document.

How to contact us

- If you want to ask us if we have your personal information, you can contact us at the telephone number shown at the top of the form.
- If your personal information is incorrect, we will change it if you make us aware of this.

Complaints

- We would like to hear from you if you have a complaint.
- You can do so in person at any of our offices, by email at contactus@forbes.co.za, by phone on 0860 000 279 or +27 (0)11 669 7026 if you're outside South Africa, or by following our complaints process on the website at <http://www.alexanderforbes.co.za/ContactUs/Complaints.aspx>.
- Please contact us if you have any questions or if you need more information.

Withdrawal claim – member

Name of retirement scheme

Name of employer or paypoint

About you (the member)

Please fill in all the information in this section. If there are any changes to your personal particulars, please write to let us know.

Personal and contact details

Surname

First names

Maiden name

Title: Dr Mr Mrs Ms Prof. Other (specify)

ID or passport number

Country of issue

Date of birth

Residential address (this is the address where you live most of the time)

Unit number

Complex

Street number

Street or farm name

Suburb

City or town

Country

Code

Postal address

Code

Contact details

Cell

Home

Work

Email

Payment options that you choose

Please tick the payment option that you choose. Note that the benefit is provided according to the rules of the relevant fund. Please ask your financial adviser or us if you need any information about these choices.

*1. No payment option selected

2. Full benefit to be transferred to another fund

Complete the transfer section below.

3. Full benefit to be paid to member

Complete the benefit to member section below.

4. Part of benefit to be paid as a cash lump sum and the rest of the benefit to be transferred to an approved fund

Complete the transfer and benefit to member sections below.

a. Show portion to be paid as a cash lump sum into your bank account

(The amount will be subject to tax and may not be the net amount paid to you.)

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*The default regulations require Trustees of the Fund to offer a default-in-fund preservation arrangement to members who leave the service of the employer before retirement with effect from 1 March 2019 resulting in your benefit remaining invested in the fund in your current investment strategy or the investment strategy (if applicable) as agreed by the Trustees.

If a rule amendment is approved before 1 March 2019 the default in fund preservation arrangement will apply from date of rule amendment.

Payment instructions: payment and distribution of benefit, kindly complete relevant section(s)

If the benefit is to be transferred to a retirement annuity, preservation fund or the new employer's retirement fund, complete this section.

Transfer

Name of fund/insurer

FSB registration number

SARS approval number

Benefit to member

Your banking details are only required if you require a part or whole benefit to be paid out in cash, to you. Please make sure that the bank account details are for your own account (if you choose for any portion to be paid in cash to your bank account) and matches the details exactly as per your bank statement.

Account holder's name

Name of bank

Account number

Branch code

Type of account:

Current

Savings

Transmission

If you do not give complete and correct information about banking details, there might be a delay in making this payment.

Financial advice

Details of your financial adviser

Complete this section if a financial adviser gave you advice on these choices.

Name of your financial adviser

Contact details

Cell

Work

Email

By completing the above, you have given us permission to deal directly with your financial adviser.

Choice of financial advice

If you feel that you need financial advice, or want to discuss your choices, please phone the Individual Advice Centre at Alexander Forbes on 0860 100 983. The centre can give advice to people who have left their employment. If the fund allows, would you like to continue the insurance cover you had through the fund in a policy in your own name?

Yes No

If your answer was yes, please telephone the Individual Advice Centre on 0860 100 983.

Your declaration

By signing this page, you confirm that:

1. You have left or are leaving the service of the employer.
2. You understand the options available to you about the payment of your benefits, including that tax may be deducted from your benefit in terms of the *Income Tax Act*. You confirm that you are making an informed decision.
3. All information on this form is correct and complete. This includes all banking information. You understand that if there is any loss because you or the employer has given incorrect or incomplete information in this form, neither Alexander Forbes nor the fund is responsible for the losses.
4. You made the decision about the payment of your benefit voluntarily.
5. When we receive this completed form (which includes all tax information required by SARS), we will process your benefit according to the fund's rules. After we have processed the benefit in terms of the fund's rules, you will have no further claim against the fund.

Your full name

Your signature _____ Date

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Employer's declaration

This section needs to be completed by the employer. In this declaration, 'you' refers to the employer.

By signing this section of the form, you confirm that:

1. The member has left or is leaving your employment.
2. You have deducted the contribution that was required until the date that the member left your employment, and you have paid the contribution to the fund.
3. The member's details given to Alexander Forbes on this form are the same as the details that the member gave to you.
4. Alexander Forbes will accept the claim form as accurate unless you tell us about any changes within one business day of submitting the form. (Note that business days are Mondays to Fridays, excluding Saturdays, Sundays and official South African public holidays.)
5. All information on this form is correct and complete. You agree that if anyone suffers any loss because you have given incorrect or incomplete information in this form, neither Alexander Forbes nor the fund is responsible for the loss.
6. You have given the member a copy of the 'Options available to members on leaving' document.
7. You have signed the form using a manual stamp and your signature.

Employer's stamp

Authorised signature _____

Name (print)

Designation

Contact number Date

D	D	M	M	Y	Y	Y	Y
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