

## BENEFIT CLAIM FORM

UMBRELLA FUND / FUND NAME \_\_\_\_\_

PARTICIPATING EMPLOYER \_\_\_\_\_

### TO BE COMPLETED BY THE MEMBER

#### MEMBER DETAILS

MEMBER NO. \_\_\_\_\_ EMPLOYEE NO. \_\_\_\_\_

SURNAME \_\_\_\_\_ FIRST NAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ IDENTITY NUMBER \_\_\_\_\_

GENDER: MALE  FEMALE  MARITAL STATUS \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

*(Both of the above addresses are required by the SA Revenue Services - SARS)*

TEL NO. (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PREFERRED LANGUAGE FOR CORRESPONDENCE:  ENGLISH  AFRIKAANS

INCOME TAX REFERENCE NO. \_\_\_\_\_ REVENUE OFFICE OF LAST TAX RETURN \_\_\_\_\_

#### BANKING DETAILS

*(Please attach a copy of your bank statement)*

ACCOUNT HOLDER'S NAME \_\_\_\_\_

BANK NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

BRANCH NAME \_\_\_\_\_ BRANCH CODE \_\_\_\_\_

ACCOUNT TYPE:  CURRENT  SAVINGS  TRANSMISSION

FOREIGN ACCOUNT  (Tick if applicable) COUNTRY \_\_\_\_\_

#### DIVORCE ORDERS

Are you aware of any Divorce Order issued by the High Court / Supreme Court against your pension benefit in favour of an ex-spouse?

YES  NO

If yes, attach an original certified copy of the complete divorce court order to this form (if not already supplied to the Fund). This order must be in terms of Section 7(8) of the Divorce Amendment Act 1989, to be binding on the Fund. Please provide full contact details of the ex-spouse in order for the benefit payment to be made by the Fund.



**CLAIM DETAILS**

DATE OF TERMINATION OF SERVICE \_\_\_\_\_

REASON FOR TERMINATION OF SERVICE:

- WITHDRAWAL \_\_\_\_\_ (Resignation, Dismissal, Abscondment, Retrenchment, Transfer)
- RETIREMENT \_\_\_\_\_ (Voluntary Early, Compulsory Early, Normal, Late, Ill-health)
- DEATH

**CONTRIBUTION DETAILS**

FINAL MONTH IN WHICH CONTRIBUTION WAS MADE \_\_\_\_\_

AMOUNT OF FINAL CONTRIBUTION R\_\_\_\_\_ MEMBER

R\_\_\_\_\_ EMPLOYER

**PRIOR CLAIM**

Is there a prior claim in respect of section 37D of the Pension Funds Act?  YES  NO

*If yes, please provide proof of the claim and employer banking details.*

Housing loan guarantee by the fund to the bank (Fund's home loan facility): R \_\_\_\_\_

Housing loan guarantee by the employer: R \_\_\_\_\_

Compensation for damage caused by the employee\*: R \_\_\_\_\_

\*Where "Compensation for damage caused by the employee" applies, the employee and employer are required to complete the 'Acknowledgement of Liability and Agreement to Pay' form which is available for download from our website, [www.verso.co.za](http://www.verso.co.za).

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**DECLARATION BY EMPLOYER**

It is hereby confirmed that the information contained herein is correct. The employer hereby unconditionally absolves the Fund and Verso Financial Services (Pty) Ltd and as necessary indemnifies and keeps indemnified the Fund and Verso Financial Services (Pty) Ltd from and against all or any loss, damage, cost and expenses which the beneficiaries, or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of Verso Financial Services (Pty) Ltd, on behalf of the Fund, relying on and using any information supplied by the employer.

FULL NAME OF AUTHORISED OFFICIAL OF THE EMPLOYER \_\_\_\_\_

WORK TEL NO. (\_\_\_\_\_) \_\_\_\_\_ FACSIMILE NO. (\_\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SIGNATURE OF AUTHORISED OFFICIAL OF THE EMPLOYER \_\_\_\_\_

DATE \_\_\_\_\_ EMPLOYER STAMP

## **SUPPORTING DOCUMENTS REQUIRED**

WITHDRAWAL: Bank Statement

RETIREMENT: Proof of identity  
Bank Statement

DEATH: Original certified copies of the following documents:

- Death Certificate (BI-5 or BI-20)
- Member and Spouse's Identity document
- Marriage Certificate
- Identity documents of any other dependants
- Beneficiary Nomination Form

Disposal of Death Benefits Form  
Banking Details and Addresses of Dependants/Beneficiaries

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## **NOTES**

- The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation.
- Payment will only be made on receipt of a tax directive, issued by the SA Revenue Service (SARS).