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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	_
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) COUNTR	Υ
DIVORCE ORDERS	
Are you aware of any Divorce Order issued by the High Court / Supre	me Court against your pension benefit in favour of an ex-spouse?
YES NO	and the state of t
IT VOC. STEECH ON ORIGINAL CONTITION CONV. Of the complete divorce court is	arger to this form (it not aiready clinnlied to the Fiind). 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.

Ex-spouse Details	
SURNAME FIRST NAM	ES
DATE OF BIRTH	IDENTITY NUMBER
RESIDENTIAL ADDRESS	
POSTAL ADDRESS	
TEL NO. ()	CELL PHONE NO
E-MAIL ADDRESS	
BENEFIT OPTIONS (Withdrawal and Retiren	nent Claims ONLY)
On retirement from a Pension Fund a member is entitled to co	mmute up to a maximum of 1/3 rd (33.33%) only!
Leave my benefit invested in the Fund until further in Human Resources office).	notice (if applicable in terms of the Rules of the fund, please refer to your
Pay benefit directly into my own bank account as sp	ecified above.
Pay portion of my benefit into my own account as sp	pecified above. Specify amount or percentage:
Transfer of Benefit; Full Benefit	
Portion of Benefit:	Specify amount or percentage:
NAME OF FUND:	
TYPE OF FUND:	
CONTACT DETAILS:	
DECLARATION BY MEMBER	
It is hereby confirmed that the information contained herein is	correct.
SIGNATURE OF EMPLOYEE	DATE
TO BE COMPLETED BY THE EMPLOYER	
EMPLOYER DETAILS	
NAME OF EMPLOYER	
TEL NO. ()	CELL PHONE NO.
E-MAIL ADDRESS	
BANKING DETAILS	
ACCOUNT HOLDER'S NAME	
BANK NAME	ACCOUNT NUMBER
BRANCH NAME	BRANCH CODE
ACCOUNT TYPE: CURRENT SAVINGS	TRANSMISSION
REFERENCE NUMBER	_ (if applicable)

CLAIM DETAILS DATE OF TERMINATION OF SERVICE REASON FOR TERMINATION OF SERVICE: WITHDRAWAL (Resignation, Dismissal, Abscondment, Retrenchment, Transfer) (Voluntary Early, Compulsory Early, Normal, Late, Ill-health) RETIREMENT DEATH **CONTRIBUTION DETAILS** FINAL MONTH IN WHICH CONTRIBUTION WAS MADE MEMBER AMOUNT OF FINAL CONTRIBUTION _____ 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 R (Fund's home loan facility): R Housing loan guarantee by the employer: R Compensation for damage caused by the employee*: *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. **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

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).