

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 the website.

DECLARATION BY EMPLOYER

It is hereby confirmed and warranted:

- The information contained herein is correct and in particular, that the banking details provided above have been confirmed as correct;
- The employer will endeavor to take reasonable steps to ensure that the member signs the form;
- In cases where the member does not sign the form, the Employer shall sign on behalf of the member.

The Employer hereby unconditionally absolves the Fund and Verso Financial Services and as necessary keeps indemnified the Fund and Verso Financial Services from and against all and any loss, damage, costs and expenses which the member, beneficiaries or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of Verso Financial Services, 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 form.

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).