

BENEFIT CLAIM FORM: PAID-UP MEMBER

FUND NAME _____

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.

Ex-spouse Details

SURNAME _____ FIRST NAMES _____

DATE OF BIRTH _____ IDENTITY NUMBER _____

RESIDENTIAL ADDRESS _____

POSTAL ADDRESS _____

TEL NO. (_____) _____ CELL PHONE NO. _____

E-MAIL ADDRESS _____

BENEFIT OPTIONS (Withdrawal and Retirement Claims ONLY)

On retirement from a Pension Fund a member is entitled to commute up to a maximum of 1/3rd (33.33%) only!

☐ Pay benefit directly into my own bank account as specified above.

☐ Pay portion of my benefit into my own account as specified 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: _____

DETAILS OF ESTATE (IN THE EVENT OF DEATH)

DECLARATION

It is hereby confirmed and warranted that the information contained herein is correct. The member hereby unconditionally absolves the Fund and Verso Benefit Administrator (Pty) Ltd and as necessary indemnifies and keeps indemnified the Fund and Verso Benefit Administrator (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 Benefit Administrator (Pty) Ltd, on behalf of the Fund, relying on and using any information supplied by the employer. I agree that Verso Benefit Administrator (Verso) may process all information that I provide on this form.

SIGNATURE OF MEMBER _____

DATE _____

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. Verso Benefit Administrator is committed to protecting and promoting the privacy of personal information of all data subjects as required by the Act; to give effect to the constitutional right to privacy; and to fulfill its obligations under the Act. As the privacy of our clients is important to us, we will use reasonable efforts to ensure that any personal information, (including special personal information), provided to us is processed in a secure manner. Verso Benefit Administrator takes its responsibility seriously in respect of securing the integrity and confidentiality of all personal information in its possession or under its control and has taken appropriate and reasonable technical and organisational measures to prevent – loss of, damage to or unauthorised destruction of personal information; and unlawful collection, access to or processing of personal information. Please go to www.verso.co.za to view our privacy policy statement.
- Payment will only be made on receipt of a tax directive, issued by the SA Revenue Service (SARS).