

# Sanlam Easy Retirement Plan

## Benefit claim form

Withdrawal claim	<input type="checkbox"/>	Complete Sections A, B, C & E
Retirement claim *	<input type="checkbox"/>	Complete Sections A, B, D & E
Liquidation claim (members not at retirement age)	<input type="checkbox"/>	Complete Sections A, B, C & E
Liquidation claim (members at retirement age)	<input type="checkbox"/>	Complete Sections A, B, D & E

<https://www.sanlam.co.za/corporate/retirement/Pages/forms.aspx>

\* Retirement Reform Changes (known as “T-Day”) came into effect on 1 March 2021. This means that from 1 March 2021, your member share will consist of two portions: a vested member share and a non-vested member share. The vested member share reflects all your savings as at 28 February 2021 (plus interest thereon). The non-vested member share reflects all your savings from 1 March 2021 (plus interest thereon). Please refer to the T-Day Member Alert attached to this form for more information.

### A. Member’s personal particulars

Participating employer

Title and initials

Full names and surname

ID nr / Passport nr

Date of birth

Income tax number

Member number

Contact number (mobile)

Contact number (alternative)

E-mail address

Home address

Code

Postal address

Code

**Banking details** (to be completed if you are taking the full benefit or a portion of the benefit in cash):

Name of bank

Account holder

Account number

Branch code

Savings

Cheque

Please note the following:

- ⦿ Payments cannot be made to credit card or bond accounts
- ⦿ Payments cannot be made to a third party
- ⦿ Payments cannot be split into different bank accounts

**B. Claims against the member's benefit**

**1. Amount owing to employer**

Yes  No

(The only amounts that may be deducted are housing loans/guarantees or damages as a result of theft, fraud, dishonesty or dishonest misconduct. Please attach the original certified copy of the court order obtained against the member or the signed acknowledgement of liability)

**C. Withdrawal claim**

Resignation  Dismissal  Retrenchment  Liquidation

Withdrawal date  Last contribution date

If last contribution date differs from exit date, please provide reason

**Please select one of the payment options below:**

1. **Leave entire benefit in the Fund (Paid-up member)**

2. **Transfer full benefit to a Pension Fund, Provident Fund, Retirement Annuity Fund or a Preservation Fund**

(Please provide the application forms of the applicable receiving fund separately)

3. **Pay a portion of the benefit in cash and transfer the balance to a Pension Fund, Provident Fund, Retirement Annuity Fund or a Sanlam Plus Preservation Fund**

(Please provide the application forms of the applicable receiving fund separately)

Indicate the % or R amount to be paid in cash:

The % or R amount will be the gross amount before tax  
(The balance will be transferred into your bank account)

%  R

4. **Pay full benefit in cash** (The benefit will be subject to tax)

5. **No payment instructions available yet**

**D. Retirement claim**

Normal  Early  Late  Ill-health  Liquidation

Retirement date Last contribution date

If last contribution date differs from exit date, please provide reason

**Please select one of the payment options below:**

- 1. **Leave entire benefit in the Fund (Phased Retiree)**
- 2. **Transfer full benefit to retirement annuity**
  - ⦿ Please provide the application forms of the applicable receiving Insurer Separately complete
- 3. **Pay a portion of the benefit in cash and use the balance to purchase a retirement annuity:**
  - ⦿ Please provide the application forms of the applicable receiving Insurer separately

Indicate the % or R amount to be paid in cash:  
(The % or R amount will be the gross amount before tax)

OR

The balance will be transferred

<input type="text" value=""/>	%	<input type="text" value=""/>	%
	or		or
<input type="text" value="R"/>		<input type="text" value="R"/>	

- 4. **Pay full benefit in cash** (The benefit will be subject to tax)
  - ⦿ Please refer to the T-Day Member Alert attached to this form for more information.
  - ⦿ Your benefit statement indicates the amounts in your vested and non-vested member shares.
- 5. **No payment instructions available yet**

## E. Declarations

### 1. Declaration by the member

I, the undersigned member, hereby confirm that:

- The information given herein is true and correct.
- I am the account holder of the bank account provided.
- I have received a copy of the attached information brochure on leaving a fund and all the options have been explained to me.
- I instruct and authorise Sanlam to pay all monies due to me in accordance with my instructions above.
- I understand that upon payment in terms of my above instructions, the Fund will have no further liabilities in respect of me.

**Disclaimer:**

Personal Information (PI) requested in this form is mandatory for operational and administrative processes, and to comply with regulatory requirements. If the mandatory information is incomplete, your request may not be processed. Sanlam Life Insurance Limited will take reasonable steps to ensure that the PI collected on this form is processed responsibly, kept safe and confidential, and does not unjustifiably infringe your privacy. You can read the Sanlam Privacy Notice on <https://www.sanlam.com/legal/pages/sanlams-privacy-policy.aspx> ; it can be sent to you on request. You can update your contact details by registering and logging onto our member portal here: <https://cp.sanlam.co.za> or email: [SCClientCare@sanlam.co.za](mailto:SCClientCare@sanlam.co.za) or call: 086 122 3646.

\_\_\_\_\_  
**Member's Signature**

\_\_\_\_\_  
**Date**

### 2. Declaration by the employer (or tracing agent in case of an unclaimed benefit)

I, the undersigned representative of the employer, hereby certify that:

- All particulars furnished in this form and accompanying documentation are true and correct.
- The options in terms of the Rules of the Fund have been fully explained to the member.
- A copy of the attached brochure has been given to the member and all the options have been explained.
- The signature above is that of the aforementioned member and I have verified all the information provided.

COMPANY STAMP

Signed at \_\_\_\_\_ on \_\_\_\_\_ ccyy \_\_\_\_\_

\_\_\_\_\_  
**Designation**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

Please e-mail the completed documentation to: [easyretirement@sanlam.co.za](mailto:easyretirement@sanlam.co.za)