

Retirement Fund Administration

Retirement benefit claim form: Paid-up members

This benefit claim form is for members who:

- left their money in the fund previously (when they left the service of their employer),
- are at retirement age, and
- now wants to withdraw their money.

A. Member’s personal particulars

Fund name

Title and initials

Full names and surname

ID nr / Passport nr

Date of birth

Income tax number

Member number

Contact number (home)

Contact number (cell)

e-mail address *(this will be our main means of communicating directly with you)*

Home address

Postal address

Name of bank

Account holder

Account number

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

Please select one of the payment options below:

**Pension
Fund**

**Provident
Fund**

- 1. Transfer full benefit to buy a compulsory annuity
(Your own Fund may offer an In-fund annuity option)**
(Please provide the application forms of the applicable receiving insurer separately)
- 2. Pay a portion of the benefit in cash and use the balance to buy a compulsory annuity**
(In case of a pension fund, the maximum cash portion is one-third)

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

OR

Indicate the R amount to be transferred:

%	%
or	or
R	R
R	R

- 3. Pay full benefit in cash**
(This option is available to members of Provident Funds ONLY, or if the benefit value is less than R247 500 in the case of a Pension Fund)
- 4. Transfer full benefit to receive an out-of-fund annuity**
This may be your Fund's chosen annuity or any other annuity
Please provide the application forms of the applicable receiving Insurer separately.
- 5. Transfer full benefit to a preservation fund**
Please provide the application forms of the applicable receiving Insurer separately.

C. Declaration by the member

I, the undersigned member, hereby confirm that:

- The information given herein is true and correct.
- I am the account holder on the above-mentioned bank account.
- 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.

Member's Signature

Date

Please e-mail the completed documentation to SCClientCare@sanlam.co.za

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 or call: 086 122 3646