

Protection of Personal Information Disclosure

Why Personal Information is required: Sanlam Life Insurance Limited ("Sanlam Life"), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the Constitution of the Republic of South Africa ("RSA"). The personal information requested in this form, which may include special personal information is being collected and will be processed for the following purposes:

- underwriting and providing accurate and effective insurance cover and related value-added services;
- member communication;
- market research and statistical analysis;
- verification of the personal information provided;
- to comply with all legal and regulatory requirements, including applicable codes of conduct;
- for operational and administrative processes to protect Sanlam Life's interests.

Failure to provide the mandatory information will prejudice your insurance cover.

Changing and correcting Personal Information: You have the right to:

- Request a copy of your personal information as processed by Sanlam Life;
- Ask for an update and/or correction of your personal information;
- Lodge a complaint with the Information Regulator.

Sanlam Life may charge an administrative fee subject to prior notice of any such cost before executing the request for a copy of your personal information.

Other parties that may receive the Personal Information:

- We may share your personal information within Sanlam Limited and/or with other service providers where required for any of the purposes listed above, or with third parties where Sanlam Life is lawfully required to do so.
- We may send your personal information to service providers outside the RSA for storage or further processing on Sanlam Life's behalf. We will not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of personal information in accordance with the Protection of Personal Information Act, 2013.

For more information, please refer to the [Sanlam Group Privacy Notice](#).

Member
Quick Access
Self Service



**Get in touch with your
retirement information**

Member Support:

You can update your contact details by registering and logging into our member portal here:

Web: <https://cp.sanlam.co.za> **or Email:** SCClientCare@sanlam.co.za **or Tel:** 086 122 3646

Important Information

- In the event that you leave your employer, you must use this form to inform Sanlam of your decision regarding your member share.
- Until you make a decision and inform the Fund, the Fund can't pay your benefit.
- You are encouraged to familiarise yourself with the various options available to you at withdrawal or retirement. The Fund provides access to retirement benefits counselling to assist you with deciding.
- As a member of the Sanlam Unity Umbrella Fund, you have access to free Retirement Benefit Counselling available via our Individual Member Support (IMS) team.
- The completed form should be submitted to your employer to submit to Sanlam.
- Contact IMS on 080 0111 956 or send an e-mail to IMS@sanlam.co.za for support, guidance or referral to a Financial Adviser.

Please complete the relevant sections of the form based on your type of claim you want to make:

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

SECTION A: Member's personal details

Title			
Full name(s)			
Surname			
RSA identity number*		<i>*Compulsory</i>	
If not RSA, passport number*		<i>*Compulsory (if RSA ID not used)</i>	
Date of birth (dd/mm/yyyy)		<i>*Compulsory if Passport number is used</i>	
Income tax number			
Employer name			
Employee number			
Postal address			Postal code
Residential address (If different from above)			Postal code
Contact number(s)	Cell phone		Alternative
Email			

Banking details

Name of account holder	
Bank name	
Account number	
Type of account	

Please Note:

- Payments cannot be made to credit card or bond accounts, third parties or split into different accounts

Important Information about T-Day

- **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).
- Your vested member share (all your savings as at 28 February 2021 plus interest thereon) may be taken in cash.
- Your non-vested member share (all your savings from 1 March 2021 plus interest thereon) - if the benefit is less than R247 500, you may take the full benefit in cash. If the benefit amount is more than R247 500, then only one-third of the benefit can be taken in cash. The balance must be used to buy a pension.

SECTION B: Claims against the member's benefit

This section is to be completed by the employer

Important Information:

- The benefit will be disinvested proportionately across your vested and non-vested member share.
- The only amounts that may be deducted are housing loans/guarantees or damages as a result of theft, fraud, dishonesty or misconduct.
- Please attach the original certified copy of the court order obtained against the member or the signed acknowledgement of liability.

Please select one of the below boxes to indicate the type of claim:

1. Housing Loan Surety Sanlam will request the final settlement amount from the relevant financial institution	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Amount owed to employer	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION C1: Withdrawal claims

Please select the reason for your withdrawal:

Resignation <input type="checkbox"/>	Dismissal <input type="checkbox"/>	Retrenchment <input type="checkbox"/>	Liquidation <input type="checkbox"/>	Other <input type="checkbox"/>
If 'other', specify the reason				
Withdrawal Date (dd/mm/yyyy)				
Date of last contribution (dd/mm/yyyy)				
If last contribution date is different to the exit date, please provide reason below:				

SECTION C2: Withdrawal optionsPlease select **one** of the withdrawal options below**Important Information**

Please provide the applicable forms for the receiving fund. The insurer will need to provide their forms directly to you.

	Provident Fund
1. Leave benefit in the Fund <ul style="list-style-type: none"> Please complete the Member investment selection form: Paid-up 	<input type="checkbox"/>
2. Transfer the full benefit to a Pension Fund, Provident Fund, Retirement Annuity Fund or a Preservation Fund e.g. the Sanlam Plus Preservation Fund <ul style="list-style-type: none"> Please complete the membership application form (PLUS017E) 	<input type="checkbox"/>
3. Pay a portion of the benefit in cash and transfer the balance to Pension Fund, Provident Fund, Retirement Annuity Fund or a Preservation Fund (e.g. the Sanlam Plus Preservation Fund) <ul style="list-style-type: none"> Please complete the membership application form (PLUS017E) Indicate the % you would like to receive in cash. OR <ul style="list-style-type: none"> The Rand amount to be paid in cash. Please Note: The balance will be transferred to your account. The gross portion in cash will be subject to tax. 	%
	OR
	R _____
4. Pay the full benefit in cash <ul style="list-style-type: none"> Please Note: The benefit will be subject to tax 	<input type="checkbox"/>
5. No payment instruction available yet <ul style="list-style-type: none"> Please Note: If no payment instruction is received after 6 months, you will be transferred to a default Paid-up member group. 	<input type="checkbox"/>

If you have chosen to transfer the benefit to another fund, please provide the details

Name of approved Fund	
Administrator of the Fund	
Contact number	
Email address	

SECTION D: Retirement claim

Please select the reason for your retirement:

Normal <input type="checkbox"/>	Early <input type="checkbox"/>	Late <input type="checkbox"/>	Ill-Health <input type="checkbox"/>	Phased <input type="checkbox"/>	Liquidation <input type="checkbox"/>
Retirement Date (dd/mm/yyyy)					
Date of Last Contribution (dd/mm/yyyy)					
If last contribution date differs from exit date, please provide reason:					

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

Please provide the applicable forms for the receiving fund. The insurer will need to provide their forms directly to you. Contact IMS at IMS@sanlam.co.za for more information on the types of annuities offered by the Sanlam Umbrella Fund.

	Provident Fund
1. Leave the benefit in the Fund <ul style="list-style-type: none"> Please complete the Member investment selection form: Phased Retiree 	<input type="checkbox"/>
2. Transfer full benefit to a retirement annuity Please note: Members can purchase multiple annuities, but the portion of the member share utilised to purchase each type of annuity must exceed R165 000.	<input type="checkbox"/>
3. Transfer full benefit to a preservation fund <ul style="list-style-type: none"> E.g. The Sanlam Plus Preservation Fund 	<input type="checkbox"/>
4. Pay the full benefit in cash Please note: The gross portion in cash will be subject to tax.	<input type="checkbox"/>
Please Note: Your benefit statement indicates the amount in your vested and non-vested member shares.	

5. No payment instruction available yet Please Note: If no payment instruction is received after 6 months, you will be transferred to a default Paid-up member group.	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

If you have chosen to transfer the benefit to another fund, please provide the details

Name of approved Fund	
Administrator of the Fund	
Contact number	
Email address	

SECTION E: Declarations**1. Declaration by the member**

I, the undersigned member, hereby confirm that:

<ul style="list-style-type: none"> • The information given herein is true and correct. • I am the account holder of the bank account provided. • I instruct and authorise Sanlam to pay all monies due to me in accordance with my instructions above. • I furthermore confirm that I am withdrawing from my retirement fund and that I have chosen the option as indicated on this form, for the payment of my benefit due to me from the fund. • I confirm that I have been made aware that retirement benefits counselling services are available to assist me with making a decision. 			
Member's signature		Date (dd/mm/yyyy)	
<p>2. Declaration by the employer (or tracing agent in case of an unclaimed benefit).</p> <p>Please note: This declaration does not have to be completed in the case of a Liquidation.</p> <p>I, the undersigned representative of the employer, hereby certify that:</p> <ul style="list-style-type: none"> • 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. • The signature above is that of the aforementioned member and I have verified all the information provided. 			
Employer's name		Date (dd/mm/yyyy)	
Designation		Employer's signature	