

Sanlam Corporate

Withdrawal and Retirement benefit claim form: Employed members (Sanlam Group staff only)

Withdrawal claim	Complete Sections A, B, C & E
Retirement claim *	Complete Sections A, B, D & E
Liquidation claim (members not at retirement age)	Complete Sections A, B, C & E
Liquidation claim (members at retirement age)	Complete Sections A, B, D & E
Death claim - A separate death claim form must be completed (you may find the form on https://www.sanlam.co.za/corporate/retirement/Pages/forms.aspx)	

[In-fund Living Annuitant Guide](#)

[Phased Retiree Guide](#)

[Paid-up Guide](#)

The fund is not able to pay your benefit due to you from the fund, until you have made a decision and inform them of your decision. Furthermore, the fund is obliged to provide you access to retirement benefits counselling to assist you with making a decision. The Sanlam Umbrella Fund offers telephonic support by retirement benefits councillors to help members through this process. Contact IMS Toll free phone number: 0800 111 956 / E-mail address: IMS@sanlam.co.za / Free SMS number: 38300 / Telephone number for members outside of South African borders: +27 21 916 6499.

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

Employee nr

Contact number (mobile)

E-mail address

Home address

Code

Postal address (only if different from above)

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

Savings

Cheque

Transmission

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

Note: The benefit will be dis-invested proportionately across your vested and non-vested member share

- | | | |
|--|-----|----|
| 1. Housing Loan Surety (if applicable)
(Sanlam will request the final settlement amount from the relevant financial institution) | Yes | No |
| 2. Amount owing to employer
(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) | Yes | No |

C. Withdrawal claim

Resignation Dismissal Retrenchment

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 benefit in the Fund

(complete the [Member application form: Paid-up/Phased Retiree](#))

2. Transfer full benefit to a Pension Fund, Provident Fund, Retirement Annuity Fund or a Preservation Fund (e.g. the Sanlam Plus Preservation Fund) (complete the [application for membership](#))

- ⊕ Please provide the application forms of the applicable receiving Insurer 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 Preservation Fund (e.g. the Sanlam Plus Preservation Fund)

(complete the [application for membership](#))

- ⊕ Please provide the application forms of the applicable receiving Insurer separately

Pension
Fund

Provident
Fund

%

%

or

or

R

R

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

(The % or R amount will be the gross amount before tax)

Note: the balance will be transferred

4. Pay full benefit in cash

- ⊕ The benefit will be subject to tax

- ⊕ 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.

5. No payment instructions available yet

D. Retirement claim

Normal Early Late Ill-health Phased

Retirement date

Last contribution date

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

Please select one of the payment options below:

**Pension
Fund**

**Provident
Fund**

1. **Receive an In-Fund Annuity with the Fund**
 - ⊙ Complete the [Member Instruction form: In-Fund Living Annuitant](#)
2. **Pay a portion of the benefit in cash and use the balance to:**
 - a) receive an in-fund annuity with the Fund (complete the [Member Instruction form: In-Fund Living Annuitant](#)).
(Contact IMS for more information on the types of annuities offered by the Sanlam Umbrella Fund)
 - b) receive an out-of-fund annuity (this may be your Fund's chosen annuity or any other annuity).
(Contact IMS for more information on the types of annuities offered by the Sanlam Umbrella Fund)
 - ⊙ 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.
 - ⊙ 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)

Note: the balance will be transferred

:

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

3. **Leave benefit in the Fund** (complete the [Member application form: Paid-up/Phased Retiree](#))
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 retirement annuity**
6. **Transfer full benefit to a preservation fund**
 - ⊙ Please provide the application forms of the applicable receiving Insurer separately
7. **Pay full benefit in cash**
 - ⊙ 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.
8. **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 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

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.

2. Declaration by the employer (or tracing agent in case of an unclaimed benefit). This declaration does not have to be completed in the case of a Liquidation.

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 _____ ccy _____

Capacity

Name

Signature

Please submit the completed documentation via email to HCSSpayroll@sanlam.co.za