

## 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](mailto:SCClientCare@sanlam.co.za) **or Tel:** 086 122 3646

### Important Information

- This form acts as a notice by the member to inform Sanlam of their need to withdraw from the Fund.
- As a member of the Sanlam Umbrella Fund, you have access to free Retirement Benefit Counselling available via our Individual Member Support (IMS) team.
- Contact IMS on **080 0111 956** or send an e-mail to [IMS@sanlam.co.za](mailto:IMS@sanlam.co.za) for support, guidance or referral to a Financial Adviser.
- Please e-mail the completed documentation to: [sanlamumbrellafund@sanlam.co.za](mailto:sanlamumbrellafund@sanlam.co.za)

### 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 used above)</i>	
Date of birth (dd/mm/yyyy)		<i>*Compulsory if Passport used</i>	
Income tax number			
Postal address			Postal code
Residential/physical address (if different to the above)			Postal code
Contact number(s)	Cell phone		Alternative
Email			

### SECTION B: Payment options

Please select one of the payment options (1 or 2) below

1. <b>Pay full benefit in cash</b> (Please Note: That this only available to a benefit value less than R125 000)	<input type="checkbox"/>
2. <b>Transfer the full benefit to purchase an annuity at another fund.</b> (Please Note: Provide the application forms of the applicable receiving fund separately)	<input type="checkbox"/>
Name of approved Fund	
Administrator of the Fund	
Contact number	
Email address	

**Banking Details:**

Account holder name	
Bank name	
Account number	
Account type	

**Please Note:**

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

**Section C: Declarations****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 (dd/mm/yyyy)	
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