

Benefit Claim Form: Paid-Up Member

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.



Important Information

- If you are retiring, complete Sections A, C and D.
- If you are withdrawing your benefit, complete Sections: A, B and D.
- 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.
- Contact Individual Member Support (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 e-mail the completed documentation to: sanlamumbrellafund@sanlam.co.za

SECTION A: Member's personal details						
Title						
First name(s)						
Surname						
RSA identity number*			*Comp	ulsory		
If not RSA, passport number*				*Compulsory (if RSA ID not used above)		
Date of birth (dd/mm/yyyy)				*Compulsory if Passport used		
Income tax number						
Postal address						
				Postal Code		
Residential/physical address						
(if different to the above)				Postal Code		
Contact number(s)	Cell phone		Alternative			
Email						
Banking details						
Account holder's name						
Bank name						
Account number						
Type of account						
Please Note: • Payments cannot be made	e to credit card	or bond accounts, third par	ties or split ir	nto different acco	unts	

Important Information

Email address

- If you are **retiring**, complete **Sections A, C and D**.
- If you are withdrawing, complete Sections: A, B and D.

SECTION B: Withdrawal Claim Members may withdraw at any time up to age 70, whereafter a retirement	benefit becomes applicable.
	Please select one of the payment options below
If you select option 1 or 2 below, please provide the application forms of the applicable receiving fund separately.	Provident Fund
Transfer full benefit to a Pension Fund, Provident Fund, Retirement Annuity Fund or a Preservation Fund (e.g. the Sanlam Plus Preservation Fund). Complete application for membership.	
2. Pay a portion of the benefit in cash and transfer the balance to a Pension Fund, Provident Fund or a Preservation Fund (e.g. the Sanlam	
Plus Preservation Fund). Complete application for membership.	%
Complete application for membership.	OR
Please Note: Indicate the % or Rand amount to be paid in cash. The remaining amount will be the gross amount before tax. The balance will be transferred to the receiving fund.	R
3. Pay the full benefit in cash Please Note: The benefit will be subject to tax.	
If you have chosen to transfer the benefit to another fund, please provide t	he details of the fund
Name of approved Fund	
Administrator of the Fund	
Contact number	

	CTION C: Retirement Claim mbers may retire from the age of 55 onwards.	
		Please select one of the payment options below
If you select option 1,2 or 3 below, please provide the application forms of the applicable receiving fund separately.		Provident Fund
1.	Pay a portion of the benefit in cash and transfer the balance to purchase a compulsory annuity.	
• • Ple	the state of the s	%
		OR
	Please Note: The balance will be transferred to the chosen annuity	R
2.	Transfer full benefit to a preservation fund	
3.	Transfer full benefit to retirement annuity	
4.	Pay full benefit in cash	

Important Information

- 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.
- Your **vested member share** (all your savings as of 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 onethird of the benefit can be taken in cash. The balance must be used to buy a pension

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: Declaration

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 me.

Date (dd/mm/yyyy)	
	Date (dd/mm/yyyy)