

Retirement Fund Administration

Withdrawal 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),
- have not yet reached 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:

- ⓪ Payments cannot be made to credit card or bond accounts
- ⓪ Payments cannot be made to a third party
- ⓪ 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 a Pension Fund, Provident Fund, Retirement Annuity Fund or a Preservation Fund (e.g. the Sanlam Plus Preservation Fund)**

(Please provide the application forms of the applicable receiving fund separately)

2. **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)**

(Please provide the application forms of the applicable receiving fund separately)

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

3. **Pay full benefit in cash** (The benefit will be subject to tax)

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.