

Retirement Fund Administration

Retirement 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),
- are at retirement age, and
- now wants to withdraw their money.

A. Member's personal particulars

Fund name			
<input type="text"/>			
Title and initials	Full names and surname		
<input type="text"/>	<input type="text"/>		
ID nr / Passport nr	Date of birth	Income tax number	Member number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact number (home)	Contact number (cell)		
<input type="text"/>	<input type="text"/>		
e-mail address (<i>this will be our main means of communicating directly with you</i>)			
<input type="text"/>			
Home address			
<input type="text"/>			
			Code
<input type="text"/>			
Postal address			
<input type="text"/>			
			Code
Name of bank	Account holder	Account number	Branch code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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

Please select one of the payment options below:

**Pension
Fund**

**Provident
Fund**

1. **Transfer full benefit to buy a compulsory annuity**
(Your own Fund may offer an In-fund annuity option)
(Please provide the application forms of the applicable receiving insurer separately)

2. **Pay a portion of the benefit in cash and use the balance to buy a compulsory annuity**
(In case of a pension fund, the maximum cash portion is one-third)

%

%

or

or

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

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

R

R

OR

Indicate the R amount to be transferred:

R

R

3. **Pay full benefit in cash**

(This option is available to members of Provident Funds ONLY, or if the benefit value is less than R247 500 in the case of a Pension Fund)

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 SEBClientCare@sanlam.co.za