

## 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  |                        |                      |                      |
| <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 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 |
| R |    | R  |
| R |    | R  |

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 [SEBClientCare@sanlam.co.za](mailto:SEBClientCare@sanlam.co.za)