

Sanlam Umbrella Fund

Benefit claim form: In-Fund Living Annuitant

A. Member's personal particulars

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(mobile0)	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
e-mail address	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
Home address	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
Postal address	<input type="text"/>		
<input type="text"/>	<input type="text"/>		

B. Please select one of the payment options below:

1. **Pay full benefit in cash**

⌚ Please note that this option is only available if the benefit value is less than R125 000.

Name of bank	Account holder	Account number	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Savings <input type="checkbox"/>	Cheque <input type="checkbox"/>	<input type="checkbox"/>	

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

2. **Transfer full benefit to purchase an annuity at another fund**

⌚ Please provide the application forms of the applicable receiving fund separately

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

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.

Please e-mail the completed documentation to: sanlamumbrellafund@sanlam.co.za