

## Sanlam Umbrella Fund

### Benefit claim form: Phased Retiree

#### 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 (mobile)	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
e-mail address			
<input type="text"/>			
Home address			
<input type="text"/>			
<input type="text"/>			
Postal address (if different from above)			
<input type="text"/>			
<input type="text"/>			

#### Banking details (to be completed if you are taking the full benefit or a portion of the benefit in cash):

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"/>		

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

#### B. Please select one of the payment options below:

**Pension  
Fund**

**Provident  
Fund**

##### 1. Receive an in-fund annuity with the Fund

- Please complete the member instruction form: In-Fund Living Annuitant

##### 2. Pay a portion of the benefit in cash and use the balance to:

- a) receive an in-fund annuity with the Fund  
(complete the member instruction form: in-Fund Living Annuitant)
- b) receive an out-of-fund annuity (this may be your Fund's chosen annuity or any other annuity)
  - In case of a pension fund, the maximum cash portion is one-third
  - Please provide the application forms of the applicable receiving Insurer separately

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

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

Note: The balance will be transferred

%	%
or	or
R	R
R	R

**3. Transfer full benefit to receive an out-of-fund annuity**

- ⊙ This may be your Fund's chosen annuity or any other annuity
- ⊙ Please provide the application forms of the applicable receiving Insurer separately

**4. Transfer full benefit to a preservation fund**

- ⊙ Please provide the application forms of the applicable receiving Insurer separately

**5. Pay full benefit in cash**

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

⊙

**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 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 assist me with making a decision.

---

**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](mailto:SCClientCare@sanlam.co.za) or call: 086 122 3646.

**Please e-mail the completed documentation to:** [sanlamumbrellafund@sanlam.co.za](mailto:sanlamumbrellafund@sanlam.co.za)