

Protection of Personal Information Disclosure

Why Personal Information is required: Sanlam Life Insurance Limited ("Sanlam Life"), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the Constitution of the Republic of South Africa ("RSA"). The personal information requested in this form, which may include special personal information is being collected and will be processed for the following purposes:

- underwriting and providing accurate and effective insurance cover and related value-added services;
- member communication;
- market research and statistical analysis;
- verification of the personal information provided;
- to comply with all legal and regulatory requirements, including applicable codes of conduct;
- for operational and administrative processes to protect Sanlam Life's interests.

Failure to provide the mandatory information will prejudice your insurance cover.

Changing and correcting Personal Information: You have the right to:

- Request a copy of your personal information as processed by Sanlam Life;
- Ask for an update and/or correction of your personal information;
- Lodge a complaint with the Information Regulator.

Sanlam Life may charge an administrative fee subject to prior notice of any such cost before executing the request for a copy of your personal information.

Other parties that may receive the Personal Information:

- We may share your personal information within Sanlam Limited and/or with other service providers where required for any of the purposes listed above, or with third parties where Sanlam Life is lawfully required to do so.
- We may send your personal information to service providers outside the RSA for storage or further processing on Sanlam Life's behalf. We will not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of personal information in accordance with the Protection of Personal Information Act, 2013.

For more information, please refer to the [Sanlam Group Privacy Notice](#).

Member
Quick Access
Self Service



Get in touch with your
retirement information

Member Support:

You can update your contact details by registering and logging into our member portal here:

Web: <https://cp.sanlam.co.za> **or Email:** SCClientCare@sanlam.co.za **or Tel:** 086 122 3646

Important Information

- This form acts as a notice by the member to Sanlam of the need to withdraw their benefit from the fund.
- As a member of the Sanlam Umbrella Fund, you have access to free Retirement Benefit Counselling available via our Individual Member Support (IMS) team.
- Contact IMS on **080 0111 956** or send an e-mail to IMS@sanlam.co.za for support, guidance or referral to a Financial Adviser.
- Please e-mail the completed documentation to: sanlamumbrellafund@sanlam.co.za

SECTION A: Member's personal details

Title			
Full name(s)			
Surname			
RSA identity number*		<i>*Compulsory</i>	
If not RSA, passport number*		<i>*Compulsory (if RSA ID used above)</i>	
Date of birth (dd/mm/yyyy)		<i>*Compulsory if Passport number is used</i>	
Income tax number			
Postal address			Postal code
Residential address			Postal code
Contact number(s)	Cell phone		Alternative
Email			

Banking details

Name of account holder	
Bank name	
Account number	
Type of account	

Please Note:

- Payments can only be made into one current, transactional or savings account.

SECTION B: Benefit claim instruction*Please select ONE of the payment options below*

If you select option 2 or 3 below, please provide the application forms of the applicable receiving fund separately.

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 transfer the balance to:

- a. Receive an in-fund annuity with the Fund (please complete the member instruction form (In-Fund Living Annuitant)

OR

- b. Receive an out-of-fund annuity (this may be your Fund's chosen annuity or any other annuity.)

OR

Indicate the **% of the benefit OR Rand amount** to be paid in cash
(The remaining amount will be the gross amount before tax)

%**%****OR****OR**

- Please Note:** The balance will be transferred to the account

R_____

R_____

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

- This may be your Fund's chosen annuity or any other annuity

4. Transfer full benefit to a preservation fund**5. Transfer full benefit to a retirement annuity****6. Pay full benefit in cash****Important Information**

- Retirement Reform Changes (known as "T-Day") came into effect on 1 March 2021. This means that from 1 March 2021, your member share will consist of two portions: a **vested member share** and a **non-vested member share**.
- Your **vested member share** (all your savings as of 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.

If you have chosen to transfer the benefit to another fund, please provide the details

Name of approved Fund

Administrator of the Fund

Contact number

Email address

Section C: Declarations**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 (dd/mm/yyyy)