

Sanlam Unity 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 (home)	Contact number (cell)		
<input type="text"/>	<input type="text"/>		
e-mail address			
<input type="text"/>			
Home address			
<input type="text"/>			
<input type="text"/>			
Postal address			
<input type="text"/>			
<input type="text"/>			
Name of bank	Account holder	Account number	Branch code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Savings <input type="checkbox"/>	Cheque <input type="checkbox"/>	Transmission <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:

1. **Transfer full benefit to purchase a compulsory annuity at another Insurer**

(Please provide the application forms of the applicable receiving fund separately)

Name of transferring fund

Name of contact person

Telephone number of contact person

e-mail address of contact person

2. **Pay a portion of the benefit in cash and use the balance to purchase a compulsory Annuity at another Insurer**

(Please provide the application forms of the applicable receiving fund separately)

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

%

R

Name of transferring fund

Name of contact person

Telephone number of contact person

e-mail address of contact person

3. **Pay full benefit in cash**

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: UnityUmbrellaFund@sanlam.co.za

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.