

# CLAIM TO WITHDRAW YOUR RETIREMENT SAVINGS WHEN YOU RETIRE – FOR FUNDS THAT PROVIDE IN-FUND ANNUITIES

**The purpose of this form is for you to instruct Alexander Forbes to withdraw your retirement savings because you are retiring. This instruction is important. If you do not understand the possible consequences of this instruction, please ask your financial adviser or us to explain.**

In this form:

- 'You' refers to the person named on this form as the member.
- 'We' and 'us' refer to the company in Alexander Forbes that is shown on the top of this form, who is also the administrator.
- 'Fund' refers to the fund that you are a member of.

## KEY POINTS TO UNDERSTAND ABOUT THIS FORM

In the form, you will give details about:

- The member of the fund (you)
- Your retirement
- The benefit and how we should pay it out.

Please read this document carefully. Contact us or your financial adviser if you have any questions. You should sign the form only if you agree to all the terms and conditions in it. The form is part of your contract with us. You must make sure that all the information is correct and that all parts of the form are complete. We have the right to treat the information given in the form as accurate and complete. If you make changes to what you have already filled in, you must sign next to each change.

If possible, the employer will ensure that the member signs this form. If this is not possible, the employer will sign on behalf of the member.

## DOCUMENTS YOU MUST ATTACH TO THIS FORM

You must attach certified copies of the following documents to this form. We will start to process your application only when we have received all the documents we need.

- Your proof of age
- The following is only required when an annuity (pension) is to be purchased from an insurance company or if the In-Fund Living Annuity option is elected:
  - Your marriage certificate
  - Completed release of obligation (where an annuity is purchased from an insurance company)
  - Proof of age for your spouse
  - Completed acknowledgement and indemnity (where the In-Fund Living Annuity option is elected)
  - Proof of age for dependent children
  - Nomination of Dependant and Beneficiary form (where the In-Fund Living Annuity option is elected)
- Divorce or maintenance court orders (if applicable).

## FOLLOW THESE STEPS

1. You need to fill out the form.
2. You must sign the form and date it.
3. Ask your employer to complete the employer's declaration in the form.
4. Attach the documents requested above to the completed form.
5. Send the completed form and documents to us. They should be posted to the address shown at the top of the form or delivered to one of our offices.

## DELAYS IN CARRYING OUT YOUR INSTRUCTIONS

Neither we nor the fund are responsible for any losses that result from any delays you cause by:

- Not filling in this form accurately and completely
- Not giving us the documents we ask for.

This includes market losses and losses that occur because you may have to pay more tax than you anticipated.

## PROTECTING YOUR INFORMATION

For us to provide the service to you, you must give us the personal information we ask for in this form. We will process your personal information for valid and lawful reasons only.

It is the company in Alexander Forbes shown at the top of this form that is collecting and processing this information.

### Why we need your personal information

We collect your personal information in this form so that we can:

1. Pay your benefit from the fund or under the policy.
2. Share it with:
  - a. A third party (who we contract with to provide services to you) so that we can provide services and products to you
  - b. Any company related to the Alexander Forbes Group ('related' as described in the *Companies Act*).

### Other parties that may get your personal information from us

We have the right to share your personal information with the following parties:

- Other companies in the Alexander Forbes Group so that they can provide services or products to you
- Regulators or government entities so that they can perform their duties to us
- Our auditors so that they can perform their duties to us
- Any person or organisation that has a legal right to access your information.

### Keeping your personal information safe and confidential

We will take care to keep your personal information safe and obey any legal requirements about protecting your personal information (for example the *Protection of Personal Information Act* when it becomes effective).

We will keep your personal information confidential and will not share it except in the circumstances explained in this document. We will keep your personal information for as long as:

- We need it to achieve the purposes set out above
- Any law or contract requires us to keep the information
- The fund or insurer needs it for lawful purposes linked to its functions.

Once we are no longer authorised to keep your information, we have the right to take any one or more of the following actions:

- Destroy the information
- Delete the information
- De-identify the information.

We do not have to let you know when we take any of these actions.

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**Alexander Forbes Group is not responsible for any loss you or anyone else may suffer if important information is left out of this document.**

## HOW TO CONTACT US

- If you want to ask us if we have your personal information, you can contact us at the telephone number shown at the top of the form.
- If your personal information is incorrect, we will change it if you make us aware of this.
- If you want a record of the personal information we have for you, we might charge you a fee for this. Please contact us to find out what the fee is.

## COMPLAINTS

- We would like to hear from you if you have a complaint.
- You can do so in person at any of our offices, by email at [contactus@aforbes.co.za](mailto:contactus@aforbes.co.za), by phone on 0860 000 279 or +27 (0)11 669 7026 if you're outside South Africa, or by following our complaints process on the website at <http://www.alexanderforbes.co.za/ContactUs/Complaints.aspx>.
- Please contact us if you have any questions or if you need more information.

**NAME OF RETIREMENT SCHEME**

K Z N M U N I C I P A L P E N S I O N F U N D

**NAME OF EMPLOYER OR PAYPOINT**

**ABOUT YOU (the member)**

Please fill in all the information in this section. If there are any changes to your personal particulars, please write to let us know.

**Personal and contact details**

Surname

First names

Maiden name

Title:  Dr  Mr  Mrs  Ms  Prof.  Other (specify)

ID or passport number Country of issue Date of birth  
D D M M Y Y Y Y

Do you have a spouse\*?  
 Yes  No If you have a spouse, please provide your spouse's ID number

\*Spouse is the person you are married to under the laws of South Africa, according to the laws of your religion or in a customary union, or you are living with in a long-term relationship.

**Residential address** (this is the address where you live most of the time)

Unit number Complex

Street number Street or farm name

Suburb City or town

Country Code

**Postal address**

Code

**Contact details**

Home Work Cell

Email

**EMPLOYMENT, FINANCIAL AND TAX DETAILS**

Employee number Date of employment Date of retirement  
D D M M Y Y Y Y D D M M Y Y Y Y

Annual taxable salary at date of retirement Date of contribution  
R . D D M M Y Y Y Y

Period of employment outside South Africa before retiring  
completed years from D D M M Y Y Y Y to D D M M Y Y Y Y

Income tax number Revenue office

Country of residence for tax purposes

Should the country of your residence for tax purposes not be South Africa, please obtain a Withholding Tax on Interest (WTI) Declaration form from your employer. Complete this form and hand it to your employer to forward to Alexander Forbes. If the completed form is not received within 30 days of submitting the claim, the full rate of withholding tax on late payment interest will become payable.

**For pension funds or where you are going to buy an annuity from an insurance company on a provident fund:**

Is there a medical aid deduction?  Yes  No Monthly medical aid premium to be deducted R           .

Name of medical aid

**You must fill in the form completely and correctly, and give us any other information we need. If you do not, there might be delays in settling your claim.**

**TYPE OF RETIREMENT**

Normal  Voluntary early  Ill-health  At the employer's request  Late

**SALARY INFORMATION (for defined benefit pension funds only)**

**We need this information to calculate the final pensionable salary according to the relevant fund rules.**

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**DIVORCE OR MAINTENANCE COURT ORDERS**

Is there a divorce or maintenance court order issued that could affect the payment of fund benefits?

Yes. If yes, please provide a certified copy of the court order.  
 No



**3. Pension to be purchased from the fund:**

3.1 Full benefit to be used to purchase a pension from the fund

3.2 Part of benefit required as a cash lump sum and balance to purchase a pension from the fund:

a) Lump sum commutation.

i) Show portion to be paid as a cash lump sum (member's bank account)

R           or

ii) Show portion to be paid to an investment product

R           or

**Option i) and ii) above cannot exceed the maximum of 33.33% – for pension funds only.**

b) Balance of benefit to be used to purchase a pension from the fund

R           or

**If a pension is being purchased from the fund (if permitted in the rules of the fund), please complete the following:**

Show required annual drawdown percentage

%

OR

Show required annual drawdown amount

R

In terms of current legislation, the drawdown percentage or drawdown amount elected may not be less than 2.5% or great than 17.5% of the value in your pension account.

The value in your pension account will be invested in the **KZN Moderate Fund** if you don't complete a switch form when joining the In-Fund Living Annuity. According to the switching rules of the fund, you may change the strategy of your pension account by submitting a switch form to the fund.

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**PAYMENT INSTRUCTIONS**

Please make sure that the bank account details are for your own account (if you choose for any portion to be paid in cash to your bank account).

Account holder's name

Name of bank

Account number

Branch code

Type of account:

Current

Savings

Transmission

**If you do not give complete and correct information about banking details, there might be a delay in making this payment.**

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**FINANCIAL ADVICE**

**Details of your financial adviser**

Complete this section if a financial adviser gave you advice on these choices.

Name of your financial adviser

Email address

Telephone number

Cell number

**By completing the above, you have given us permission to deal directly with your financial adviser.**

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**CHOICE OF FINANCIAL ADVICE**

If you feel that you need financial advice, or want to discuss your choices, please phone the Individual Advice Centre at Alexander Forbes on 0860 100 983. The centre can give advice to people who have retired from their employment. If the fund allows, would you wish to exercise any continuation option?

Yes. Please telephone the Individual Advice Centre on +27 (0)860 100 983.

No

