

Operations & Administration

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# CLAIM TO WITHDRAW YOUR RETIREMENT SAVINGS WHEN YOU RETIRE

**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 you sign this form. If this is not possible, the employer will sign on your behalf.

## DOCUMENTS YOU MUST ATTACH TO THIS FORM

You must attach 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
- For pension funds or where you buy a pension (also known as an annuity) from an insurance company or a provident fund, you must also attach:
  - your marriage certificate or a letter from your tribal authority confirming customary marriage
  - proof of age for your spouse
  - proof of age for dependent children (if applicable)
- Divorce or maintenance court orders (if applicable)

## FOLLOW THESE STEPS

1. You need to fill out the form. You do have the option of filling in this form electronically and printing the electronic version of the form to be signed.
2. You must sign the form and date it.
3. Attach the documents requested above to the completed form.
4. Keep the first and second pages to refer to for any queries.
5. Ask your employer to complete the Employer's declaration in the form and to submit it directly to the contact person at Alexander Forbes.

## 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 losses in the value of your investment 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:

- pay your benefit from the fund or under the policy
- share it with:
  - a third party (who we contract with to provide services to you) so that we can provide services and products to you.

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

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

- 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 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.
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**NAME OF RETIREMENT SCHEME**

\_\_\_\_\_

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

\*Your 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**

Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

**EMPLOYMENT, FINANCIAL AND TAX DETAILS**

Employee number \_\_\_\_\_ Date of employment 

D	D	M	M	Y	Y	Y	Y
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 Date of retirement 

D	D	M	M	Y	Y	Y	Y
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Annual taxable salary at date of retirement R \_\_\_\_\_ . \_\_\_\_\_

Period of employment outside South Africa before retiring \_\_\_\_\_ completed years from 

D	D	M	M	Y	Y	Y	Y
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 to 

D	D	M	M	Y	Y	Y	Y
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Income tax number \_\_\_\_\_ Revenue office \_\_\_\_\_

Country of residence for tax purposes \_\_\_\_\_







