# WITHDRAWAL NOTIFICATION

Name of Retirement Scheme:

# **Alexander Forbes**

Alexander Forbes Administration Services, a division of Alexander Forbes Financial Services (Pty) Ltd. Reg No. 1969/018487/07 FAIS Licence no: 1177 Alexander Forbes Place, 61 Katherine Street, Sandown, 2196 P O Box 652071, Benmore, 2010 Tel: +27 0860 100 333 (call centre) Fax: +27 (11) 324 3461 (call centre)

Name of Employer/Paypoint:

Broker/Consultant.

MEMBER'S PARTICULARS	(p	lea	se	; coi	mpl	ete	in f	ull)																									
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3. Part transfer to another approv	/ed	fun	id a	and	part	ber	nefit	to r	nem	ıbe	r			ompl	ete	both	the	e tra	nsf	er a	nd tl	he b	ene	fit t	o m	em	ber	sect	ions	ove	rlea	if in t	full
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### PAYMENT INSTRUCTIONS: Payment and distribution of benefit – Kindly complete the relevant section(s).

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MEMBER	Please Note: * Ensure that the bank account details supplied are in respect of member's own account. Banking details to be used for the portion of the benefit to be transferred:																																
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- where a separate agreement is in place on the Fund in terms of the disinvestment of exit benefit monies;
  I understand that in terms of legislation, any benefit which is due to me and which has not been paid within 24 months from the date it first became
- I understand that in terms of legislation, any benefit which is due to me and which has not been paid within 24 months from the date it first became due in terms of the Rules of the Fund will become an "Unclaimed Benefit" and may be transferred to an Unclaimed Benefit Fund.

Member's signature

Date

## **EMPLOYER'S DECLARATION**

- It is hereby confirmed and warranted that the
- information contained herein is correct and, in particular, that the member's banking details provided above have been confirmed as correct;
- the Employer has provided the member with a copy of the "Options available to members on leaving their Retirement Fund" document and/or with
- the contact details for the Individual Advice Centre;
- the Employer will endeavour to ensure the member signs this notification;
- in cases where the member does not sign the notification, the Employer shall sign on behalf of the member.

The Employer hereby unconditionally absolves the Fund and Alexander Forbes and as necessary indemnifies and keeps indemnified the Fund and Alexander Forbes from and against all and any loss, damage, costs and expenses which the beneficiaries, or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of Alexander Forbes, on behalf of the Fund, relying on and using any information supplied by the Employer, specifically where the Employer has failed to obtain the member's signature on this notification.

Is there a waiting period to be waived?	Yes No
Employer's stamp	Authorised signature
	Name (Print)
	Designation
	Contact number Date

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