



**PAYMENT INSTRUCTIONS: Payment and distribution of benefit – Kindly complete the relevant section(s).**

**TRANSFER**

If the benefit is to be transferred to a Retirement Annuity, Preservation Fund or the new Employer's Retirement Fund, attach a copy of the Application Form.

Name of Fund / Insurer																																																																																
FSB registration number	1	2	/	8	/					SARS approval number	1	8	/	2	0	/	4	/																																																														
Broker's name																																																																																
Broker's e-mail address																																																																																
Broker's tel. number	(		)							Cell number																																																																						
Broker's name																																																																																

**Banking details to be used for the portion of the benefit to be transferred:**

Account holder's name																																																																																
Account number																																																																																
Branch code										Type of account	<input type="checkbox"/> Current		<input type="checkbox"/> Savings																																																																			
Name of bank																																																																																
Name of branch																																																																																

Failure to complete the above in full may result in a delay in settlement of this claim.  
Should we be required to settle indebtedness, the transfer of the balance of the benefit in accordance with the above instructions will be delayed.

**BENEFIT TO MEMBER**

If the benefit is to be paid to the member, please ensure that the banking details section below is completed in full.

**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:**

Account holder's name																																																																																
Account number																																																																																
Branch code										Type of account	<input type="checkbox"/> Current		<input type="checkbox"/> Savings																																																																			
Name of bank																																																																																
Name of branch																																																																																

Failure to complete the above in full may result in a delay in settlement of this claim.

Do you require financial planning assistance? Please contact the **Individual Advice Centre** who will advise members of their options when withdrawing from their retirement funds due to resignation and/or retrenchment. Share call number: 0860 100 983

If provided by the fund would you wish to exercise any continuation option? Yes  No

If yes, kindly contact the Individual Advice Centre so that a consultant may assist you in exercising this option.

**MEMBER'S SIGNATURE & DISCHARGE**

I hereby confirm that:

- payment of my benefit as specified herein represents the full and final discharge of the fund's liability to me;
- the details provided herein, in particular my banking details are true and correct in every way;
- I understand the options available to me with regard to the payment of my benefits, including the inherent tax implications and that I am making an informed choice;
- in the event of any loss suffered as a result of any details provided herein being incorrect, neither the fund nor Alexander Forbes can be held liable for such losses;
- I understand that I have the right to amend the payment instruction given to Alexander Forbes and that Alexander Forbes may levy a fee for acting on any amended payment instruction after my initial payment instruction has been actioned;
- I acknowledge that my benefit will be disinvested and held in the Fund's bank account until such time as payment of the benefit is made in terms of my payment instructions. The only exception to this practice will be where the Administrator is instructed in writing not to disinvest the monies or 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 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 \_\_\_\_\_