



RETIREMENT FUND ADMINISTRATION

WITHDRAWAL AND RETIREMENT BENEFIT CLAIM FORM: EMPLOYED MEMBERS

- | | |
|---|---|
| Withdrawal claim | <input type="radio"/> Complete Sections A, B, C & E |
| Retirement claim * | <input type="radio"/> Complete Sections A, B, D & E |
| Liquidation claim (members not at retirement age) | <input type="radio"/> Complete Sections A, B, C & E |
| Liquidation claim (members not at retirement age) | <input type="radio"/> Complete Sections A, B, D & E |

* Retirement Reform Changes (known as “T-Day”) came into effect on 1 March 2021. This means that from 1 March 2021, your member share will consist of two portions: a vested member share and a non-vested member share. The vested member share reflects all your savings as at 28 February 2021 (plus interest thereon). The non-vested member share reflects all your savings from 1 March 2021 (plus interest thereon).

The fund is not able to pay your benefit due to you from the fund, until you have made a decision and inform them of your decision. Furthermore, the fund is obliged to provide you access to retirement benefits counselling to assist you with making a decision. The format of such counselling could differ from fund to fund. For more information, please contact your fund principal officer or your employer’s Human Resources officer.

A. Member’s personal particulars

Fund name / Participating Employer

Title and initials

Full names and surname

ID nr / Passport nr

Date of birth

Income tax number

Employee nr

Contact number (home)

Contact number (cell)

E-mail address

Home address

Code

Postal address

Code

Banking details (to be completed if you are taking the full benefit or a portion of the benefit in cash):

Name of bank

Account holder

Account number

Savings

Cheque

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

Broker/Intermediary details

| | |
|-----------------------------|----------------------|
| Name of broker/intermediary | Broker code |
| <input type="text"/> | <input type="text"/> |
| Email address | Contact number |
| <input type="text"/> | <input type="text"/> |

B. Claims against the member's benefit

1. **Housing Loan Surety** (if applicable) Yes No
 (SAQ will request the final settlement amount from the relevant financial institution)
2. **Amount owing to employer** Yes No
 (The only amounts that may be deducted are housing loans/guarantees or damages as a result of theft, fraud, dishonesty or dishonest misconduct. Please attach the original certified copy of the court order obtained against the member or the signed acknowledgement of liability)

C. Withdrawal claim

Resignation Dismissal Retrenchment

Withdrawal date Last contribution date

If last contribution date differs from exit date, please provide reason

| Employee contributions | | Employer contributions | |
|------------------------|--------|------------------------|--------|
| Month | Amount | Month | Amount |
| | | | |
| | | | |
| | | | |

Please select one of the payment options below:

1. **Leave benefit in the Fund**
2. **Transfer full benefit to a Pension Fund, Provident Fund, Retirement Annuity Fund or a Preservation Fund (e.g. the SAQ Preservation Fund)**
 ⓘ Please provide the application forms of the applicable receiving Insurer separately
3. **Pay a portion of the benefit in cash and transfer the balance to a Pension Fund, Provident Fund, Retirement Annuity Fund or a Preservation Fund**
 ⓘ Please provide the application forms of the applicable receiving Insurer separately
- %
 or
 R
 R
- Indicate the % or R amount to be paid in cash:
 (The % or R amount will be the gross amount before tax) OR
- Indicate the R amount to be transferred:
4. **Pay full benefit in cash**
 ⓘ The benefit will be subject to tax
5. **No payment instructions available yet**

D. Retirement claim

Normal Early Late Ill-health Phased

Retirement date

Last contribution date

If last contribution date differs from exit date, please provide reason

Employee contributions

Employer contributions

| Month | Amount | Month | Amount |
|-------|--------|-------|--------|
| | | | |
| | | | |
| | | | |

Please select one of the payment options below:

1. **Receive an in-fund annuity with the Fund**

- This option is only available if the Fund rules make provision for it
- Please complete the Fund's separate instruction form

2. **Pay a portion of the benefit in cash and use the balance to:**

- a) receive an in-fund annuity with the Fund
- b) receive an out-of-fund annuity (this may be your Fund's chosen annuity or any other annuity)
 - Your **vested member share** (all your savings as at 28 February 2021 plus interest thereon) may be taken in cash.
 - Your **non-vested member share** (all your savings from 1 March 2021 plus interest thereon) - if the benefit is less than R247 500, you may take the full benefit in cash. If the benefit amount is more than R247 500, then only one-third of the benefit can be taken in cash. The balance must be used to buy a pension.
 - Please provide the application forms of the applicable receiving Insurer separately. %

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

(The % or R amount will be the gross amount before tax OR

Indicate the R amount to be transferred:

or

R

R

3. **Leave benefit in the Fund**

4. **Transfer full benefit to receive an out-of-fund annuity**

- This may be your Fund's chosen annuity or any other annuity.
- Please provide the application forms of the applicable receiving Insurer separately.

5. **Transfer full benefit to a preservation fund**

- Please provide the application forms of the applicable receiving Insurer separately.

6. **Pay full benefit in cash**

- Please refer to the T-Day Member Alert attached to this form for more information.
- Your benefit statement indicates the amounts in your **vested** and **non-vested member shares**.

7. **No payment instructions available yet.**

E. Declarations

1. Declaration by the member

I, the undersigned member, hereby confirm that:

- The information given herein is true and correct.
- I am the account holder of the bank account provided.
- I instruct and authorise SAQ to pay all monies due to me in accordance with my instructions above.
- I furthermore confirm that I am withdrawing from my retirement fund and that I have chosen the option as indicated on this form, for the payment of my benefit due to me from the fund.
- I confirm that I have been made aware that retirement benefits counselling services are available to assist me with making a decision.

Member's Signature

Date

2. Declaration by the employer (or tracing agent in case of an unclaimed benefit). This declaration does not have to be completed in the case of a Liquidation.

I, the undersigned representative of the employer, hereby certify that:

- All particulars furnished in this form and accompanying documentation are true and correct.
- The options in terms of the Rules of the Fund have been fully explained to the member.
- A copy of the attached brochure has been given to the member and all the options have been explained.
- The signature above is that of the aforementioned member and I have verified all the information provided.

Signed at _____ on _____ ccyy _____

Capacity

Name

Signature

Please submit or e-mail the completed documentation to the Human Resources Department for onward submission to the SAQ Retirement Administration department. Should you have any questions or concerns you are welcome to call or whatsapp the SAQ Retirement Administration team on 084 505 2693.

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. Southern Africa Quantum Employee Benefits (Pty) Ltd 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.



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