

NOTIFICATION OF WITHDRAWAL

To be completed by employer and member

- All sections must be completed in full using BLOCK LETTERS.
- Please indicate all options selected by means of a cross (X).
- To enable Acravest to process this form, please ensure that it is completed in full and that the information provided is accurate.
- Please sign next to any amendments made on this form.

SUPPORTING DOCUMENTS

- An original certified copy of the member's identity document;
- Proof of bank details (when benefit is paid in cash);
- Document/s required for a claim against a member's benefit;
- Member's proof of address;
- Application form (when benefit is preserved / transferred)

DETAILS AT LAST DAY OF EMPLOYMENT

<input type="checkbox"/> Pension Fund	<input type="checkbox"/> Provident Fund	<input type="checkbox"/> Pension & Provident Fund
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Fund name	<input type="text"/>		
Employer	<input type="text"/>		
Full names	<input type="text"/>		
Surname	<input type="text"/>		
Identity number	<input type="text"/>	Date of birth	<input type="text"/>
Company employee number	<input type="text"/>	Last Contributing Month	<input type="text"/>
Membership number	<input type="text"/>		

Reason for withdrawal:	<input type="checkbox"/> Voluntary resignation	<input type="checkbox"/> Dismissal	<input type="checkbox"/> Abscond	<input type="checkbox"/> Retrenchment
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Postal address	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Telephone number	<input type="text"/>	Cellphone number	<input type="text"/>
E-mail address	<input type="text"/>		

NOTE: Failure to complete the document in full and provide all the relevant personal information as requested will lead to a delay in the processing of your claim.

Non-contributory administration fees will apply.

MEMBER'S TAX DETAILS

Income tax reference number

NOTE: in the event that SARS declines the member's application for a tax directive due to the incorrect data provided, the member/employer / broker will be contacted immediately.

Failure to resolve the issue within 15 working days of being informed of the issue, the fund will re-invest the money in the fund within a money market account.

The member can resubmit their claim once the issue with SARS has been resolved and the fund can re-apply for a tax certificate.

If the money is not reclaimed within 24 months of leaving the employment of the employer, the member's funds will be moved to the unclaimed fund.

A non-contributory administration fee will be charged monthly for all inactive members and tracing fees may apply.

PAID-UP MEMBER OPTIONS ¹	COST OF EXERCISING OPTION	OTHER INFORMATION TO TAKE NOTE OF/ CONSIDER
DEFAULT Preserve your money in the fund	<ul style="list-style-type: none"> No initial once-off charge No transfer costs such as tax Low & fixed ongoing administration costs May include intermediary commission if a financial advisor is used 	<ul style="list-style-type: none"> Proper independent governance of Fund
Transfer your money to an outside Preservation Fund	Costs may include: <ul style="list-style-type: none"> Transfer costs in the form of intermediary commission and possible take-on costs in the Preservation Fund Ongoing intermediary commission if a financial advisor is used 	<ul style="list-style-type: none"> Cost structure may not be transparent, or may include expensive costs – asset management, platform fees etc.
Transfer your money to your new employer's Pension/Provident Fund	<ul style="list-style-type: none"> Tax will be applicable if you transfer from a Pension Fund to Provident Fund 	<ul style="list-style-type: none"> No insight in the performance-, cost- and governance of the new employer Fund, might not have the flexibility compared to preserving in the fund
Transfer your money to a Retirement Annuity Fund (This can be the iRetire Retirement Annuity Fund)	May Include the following: <ul style="list-style-type: none"> Transfer costs in the form of intermediary commission and possible take-on costs in the Retirement Annuity Fund. (no take on costs in the iRetire Retirement Annuity Fund) Ongoing intermediary commission if a financial advisor is used 	<ul style="list-style-type: none"> If the iRetire Retirement Annuity is chosen, the cost structure is transparent with institutional based Asset Management fees and proper governance in the fund. Other Retirement Annuity Funds - Cost structure may not be transparent or may include expensive costs – asset management, platform fees etc. No access to monies until retirement
Take your money in cash	<ul style="list-style-type: none"> Cash withdrawal is taxable – please note that if you owe SARS any money, it will be deducted from the pay-out. 	<ul style="list-style-type: none"> If you take your fund as cash – you are using your Retirement money, and when you start saving again, you start at zero. This is one of the main reasons people do not have enough money when retiring In your lifetime, you have a tax free portion of R 500,000.00 – this can be changed by SARS

¹Paid-up member means: You are no longer employed by the Employer and your benefit will be invested in the default option if you do not choose an option

If you require any further information please email admin@iretire.co.za or call (012) 941 9927

I have read and understand all my options including the default, and hereby authorise Acravest to allocate the benefit as follows:

Preserve in the current fund (DEFAULT)	<input type="checkbox"/>	Full cash pay-out	<input type="checkbox"/>
<ul style="list-style-type: none"> Staying in current product 	<input type="checkbox"/>	Take a portion of the benefit in cash	<input type="checkbox"/>
<ul style="list-style-type: none"> Move to new product (please enquire about investment options available) 	<input type="checkbox"/>	Selected Rand value:	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Transfer money into Fund	<input type="checkbox"/>	OR	
		Selected Percentage:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %

MEMBER
SIGNATURE

EMPLOYER
SIGNATURE

MEMBER'S BANK DETAILS FOR PAYMENT OF CASH BENEFIT

Account holder	<input type="text"/>		
Name of bank	<input type="text"/>	Branch	<input type="text"/>
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Branch code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account type	<input type="text"/>		

NOTE: Benefits cannot be paid into a bank account of a third party. The account must be in the name of the member. Please attach an originally certified copy of a bank statement or an original letter stamped by the bank to prove validity and ownership of the account.

DETAILS OF NEW FUND

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[illegible]

CLAIM/S AGAINST MEMBER'S BENEFIT

☐ Theft, dishonesty, fraud or misconduct by the member

☐ Court order

NOTE: Payment of a claim is only permissible subject to the following documents being attached:

- (a) Supporting documentation in respect of a housing loan;
- (b) Written admission of liability to the employer by the member or judgment against the member obtained in any court (including a magistrate's court) in the event of theft, dishonesty or misconduct;
- (c) The Court order in the event of a court order.
- (d) Proof of banking details of employer.

[illegible]

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MEMBER
SIGNATUREEMPLOYER
SIGNATURE

CONFIRMATION AND AUTHORISATION

- We hereby certify that the above information is true and correct in every detail and Acravest is hereby authorised to make payment as stated above.
- The options in terms of the Rules of the Fund have been fully explained to the member and the member declares that he/she understands all options.
- We agree that payment above shall constitute good and effectual settlement and shall be full and final discharge to Acravest and the fund of its liability in terms of the Rules of the Fund.

Signed on behalf of the member

D	D	M	M	Y	Y	Y	Y
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Signed on behalf of the employer

D	D	M	M	Y	Y	Y	Y
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Company Stamp

RISK BENEFITS

In the event that your current risk benefits have a continuation option (continue with risk benefits in your personal capacity), would you like to continue with these benefits?

☐ Yes☐ No

NOTE: You will pay the risk provider directly in your personal capacity.

The risk provider/advisor will call you directly.