

## SAMRO RETIREMENT ANNUITY FUND

### RETIREMENT NOTIFICATION

Please help us to pay your benefit quickly and smoothly by completing this form in full and in CAPITAL LETTERS.

- Normal Retirement (Age 55 onwards)
- Ill-Health Early Retirement (Only available on approval from the fund trustees)

#### MEMBER'S DETAILS

Surname:

Initials:  First Names:

RSA ID Number:  Date of Birth:

If no RSA ID number, Passport Number:

Country of Issue:

#### Physical Address:

Unit Number:  Complex Name:

Street Number:  Street Name:

Suburb:  Town:

Country:  Postal Code:

#### Postal Address:

Postal Code:

#### Contact Details:

Telephone Numbers:

or:

E-mail Address:

Income Tax Number:

Current Annual Taxable Salary: R  .

#### IS THERE A DIVORCE ORDER AND/OR MAINTENANCE ORDER TO BE PAID FROM YOUR RETIREMENT BENEFIT?

- No  Yes. If yes, please provide a copy of the court order.

#### PAYMENT INSTRUCTION (tick appropriate box and complete the sections as indicated)

You are strongly encouraged to seek professional financial advice before deciding what to do with your benefit. Should you require financial advice please contact the fund administrator on 011 643 4520 for assistance.

**Please note that all benefit payments are subject to current tax legislation.**

- Full benefit to be paid in cash to member. (Complete **Section 1** below)  
 ▪ Note: This option is only available if your gross benefit does not exceed R75,000.00.
- Full benefit to be used to purchase a pension. (Complete **Section 2** below)
- Part cash payment/ part purchase of pension. (Complete **Section 1 and 2** below)  
 Specify % or amount to be taken in cash:  ,  % or R  .   
 ▪ Note: This amount cannot be more than 1/3<sup>rd</sup> of your benefit.

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**PAYMENT INSTRUCTION – SECTION 1**

**Important:** Please ensure that the details provided below are for the member's own bank account

Account Name:

Account Number:  Bank Name:

Branch Name:  Branch Code:

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**PAYMENT INSTRUCTION – SECTION 2**

Name of Insurer:

Broker's contact details: Name:

Telephone Numbers:  or

E-mail Address:

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**MEMBER'S DECLARATION**

I hereby confirm that:

- the details provided herein, in particular my banking details, are true and correct in every way;
- in the event of any loss suffered as a result of any incorrect details provided herein, neither the fund nor Robson Savage can be held liable for such losses;
- I understand the options available to me with regards to the payment of my benefit, including the tax implications;
- 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 instruction;
- in the event that, on receipt of this claim form by the administrator, I have not yet reached age 55 and am not applying for ill-health early retirement, the process of calculating and disinvesting my benefit will only begin once I have reached age 55.

Member's Signature: \_\_\_\_\_

Date:

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Documents to be submitted together with this form:

- Copy of member's ID
- Proof of banking details for cash payments. (This can be a copy of a bank statement on the bank's letterhead, a copy of a cancelled cheque or a letter from the bank on the bank's letterhead confirming the account name and the account number.)