

SAMRO RETIREMENT ANNUITY FUND WITHDRAWAL/TRANSFER NOTIFICATION

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

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 Same as physical address

Postal Code:

Contact Details

Telephone Numbers:

or:

E-mail address:

Preferred Method of Communication: Post E-mail

Income Tax Number:

Current Annual Taxable Salary: R .

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

No Yes. If yes, please provide a copy of the court order(s).

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

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

 Withdrawal due to emigration. Benefit to be paid in cash to member. (Complete **Section 1** below)

 Withdrawal due to discontinuation of contributions.
 Benefit to be paid in cash to member. (Complete **Section 2** below)
 Note: This option is only available if your benefit is less than R7000.

 Benefit to be transferred to another approved retirement annuity fund. (Complete **Section 2** below)

Member to initial

PAYMENT INSTRUCTION – SECTION 1

Important: Please ensure that the banking details provided are for the member’s own bank account.

Account Name:

Account Number: Bank Name:

Branch Name: Branch Code:

PAYMENT INSTRUCTION – SECTION 2

Name of Approved Fund:

Fund's Valuation Exemption Case Number:

Broker/Administrator's Contact Details

Name:

Telephone Numbers: or

E-mail Address:

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;
- I understand that where I am withdrawing my benefit as a result of the discontinuation of my contributions, I will no longer be a member of the SAMRO Retirement Annuity Fund and will have no further claim on the fund;
- I understand that transfers between funds are regulated by the protective measures of Section 14 of the Pension Funds Act and that the transfer process may take some time; further there may be costs involved which will be advised to me by the administrator if applicable.

Member’s Signature: _____

Date:

Documents to be submitted together with this form:

- Copy of member’s ID
- Proof of banking details for any cash payment. (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.)
- Proof of emigration from the South Africa reserve Bank, where applicable.