

## Retirement Benefit Claim Form

No benefit will be paid before this completed Benefit Claim Form is in the possession of ACA Employee Benefits (Pty) Ltd.

### Section A: Member's personal particulars (Please include a copy of Identity/Passport document)

Initials and surname			
Membership number			
ID/Passport number			
Date of birth			
Income tax number			
Residential address			
Postal address			
Cell number			
Home telephone number		Alternate contact number	
Personal email address			
Date of last contribution		Exit date	

### Section B: Retirement claim (Employer to complete)

#### Type of retirement

Normal retirement  Early retirement  Late retirement  Ill-health retirement

Prior claim by employer against member for fraud/dishonesty/misconduct? \*

YES  NO

\* Attach a copy of the employee's written admission of liability or court order awarding compensation to the employer.

### Section C: Claims against the member's retirement benefit

#### Divorce order

• Attach original certified copy of the divorce order and settlement agreement (if not already submitted).

YES  NO

#### Maintenance order

• Attach original certified copy of the maintenance court order (if not already submitted).

YES  NO

#### Pension-backed housing loan

• Attach document(s) confirming the housing loan/collateral.

YES  NO

**Section D: Member's benefit option** (It is important to obtain financial advice before electing a benefit option)

**Payment options** (Select one of the options below)

**1. Use full benefit to receive or purchase a compulsory annuity.**

(Provide a copy of the application or policy document and contact details of receiving insurer if applicable).

Name of receiving insurer

Contact person

Telephone number

Email address

**2. Pay a portion of the benefit in cash and use the remainder to receive or purchase a compulsory annuity (in case of a pension fund, the maximum cash portion is one third).**

(Provide a copy of the application or policy document and contact details of the receiving insurer if applicable).

Indicate the percentage

or Rand amount to be paid in cash

Name of receiving insurer

Contact person

Telephone number

Email address

**3. Defer payment of retirement benefit if rules of the Fund provide for this.** (Please complete section G)

**4. Pay full benefit in cash.** (Provident Fund only)

**5. No payment option instructions available yet.**

Do you require to be contacted by a financial adviser for benefit investment advice?

**Section E: Member's banking details**

Name of account holder

Branch code

Name of bank

Account number

**Type of account** (Please provide copy of bank verified/stamped statement)

Current account

Savings account

Transmission account

- Note that payment cannot be made into a joint account, credit card account, loan account or call account and payment cannot be split into different bank accounts.

**Section F: Declaration by member**

I, the undersigned member hereby confirm that:

- I understand that where the Fund has established a policy for the processing of claims and disinvestment of assets applicable to the Fund as a whole, the fund policy on disinvestments will be effected on my exit date from the Fund. ACA Employee Benefits (Pty) Ltd do not accept liability for any losses as a result of fluctuation due to the timing of the disinvestments of my benefit from the market.
- I understand that the finalisation of my benefit claim will be subject to the normal turnaround time as agreed between ACA Employee Benefits (Pty) Ltd and the Fund, applicable from the date of receipt of final written payment instructions (if not submitted together with this Benefit Claim Form).
- The information given in this Benefit Claim Form and all accompanying documents are true and correct. I understand that ACA Employee Benefits (Pty) Ltd and the Fund will under no circumstances accept any liability arising from incorrect information provided on/with the Benefit Claim form, as the liability for correct completion rests with me.
- I am the account holder on the abovementioned bank account. I irrevocably authorise the Fund and ACA Employee Benefits (Pty) Ltd to pay whatever benefit is due to me by EFT into the abovementioned bank account and I understand and agree that payment by EFT as specified in this Benefit Claim Form will constitute good and effective settlement, fully and finally discharging ACA Employee Benefits (Pty) Ltd and the Fund of

any liability in terms of the rules of the Fund. If incorrect banking details are provided by me, ACA Employee Benefits (Pty) Ltd will not be held liable, as the onus lies with me to provide the correct banking details.

- I have received a copy of the relevant information brochure and all the options have been explained to me.
- I instruct and authorise ACA Employee Benefits (Pty) Ltd to pay all monies due in accordance with my instructions above.
- I understand that neither ACA Employee Benefits (Pty) Ltd nor the Fund accepts liability for any damage whatsoever or however it may arise, including but not limited to, direct, indirect or consequential loss that may arise as a result of any administrative process or application conducted or made by ACA Employee Benefits (Pty) Ltd or the Fund on my behalf that must be cancelled due to any action or omission on my part.

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

\_\_\_\_\_  
Date

### Section G: Deferred Retirement Declaration by member

I, the undersigned member, hereby declare and confirm that:

- I wish to exercise the option to not receive payment of my retirement benefit on my retirement date but to defer the payment of my retirement benefit to a date elected by me in future.
- I understand that it is recommended that I first discuss the deferral of the payment of my retirement benefit with an accredited financial adviser before making my election to defer payment of my retirement benefit.
- If the Fund provide for individual investment choice and subject to the rules of the Fund, my deferred retirement benefit will either remain invested in the same investment portfolio it was invested in immediately prior to my retirement date or it will be invested in the investment portfolio chosen by me on my retirement date by completion of a switch form.
- I may elect to change my investment choice after my retirement date subject to the completion of a switch form. The same fund investment portfolios that are available for investing contributing members' benefits will be made available to me.
- Neither the Fund nor ACA Employee Benefits (Pty) Ltd will be liable for any damage suffered by me as a result of any investment portfolio choice exercised by me while I remain a deferred retirement member of the Fund.
- I understand that the Fund will from my retirement date no longer communicate with me via my former employer but will communicate directly with me. I will therefore ensure that the Fund and ACA Employee Benefits (Pty) Ltd are advised of any change in my address or contact information.
- In the event of my death prior to the date on which I elected to receive payment of my deferred retirement benefit, my deferred retirement benefit will be paid in terms of section 37C of the Pension Funds Act, meaning that the Fund will allocate my benefit equitably between my dependants and nominees.
- I have completed my Beneficiary Nomination Form and have returned the completed form to the Fund. It is my responsibility to amend my Beneficiary Nomination Form should any of the details of my elected nominee(s) change and it is my responsibility to ensure that a copy of the amended Beneficiary Nomination Form is provided to the Fund or I have elected not to complete my Beneficiary Nomination Form.
- Contributions towards the risk benefits provided by the Fund will cease and I will therefore no longer qualify for any risk benefits payable from my retirement date.
- I will not be allowed to make additional contributions to the Fund after my retirement date.
- I will be allowed to participate in the election process of the Fund's board of management.
- In the event of me getting divorced prior to the date on which I elected to start receiving payment of my deferred retirement benefit, the provisions of Section 37D of the Pension Funds Act and the Divorce Act, 1979, will be applicable in respect of my retirement benefit.
- I must notify the Fund of the date on which I elect to start receiving payment of my deferred retirement benefit at least 90 (ninety) days prior to such date; provided that my election date must be made prior to attaining the age prescribed in legislation.

If I fail to claim my deferred retirement benefit from the Fund within a period of 2 (two) years after the date that I elected to start receiving payment of my retirement benefit, such benefit will become an unclaimed benefit and will either remain in the Fund or be transferred to an unclaimed benefits fund.

- If I fail to notify the Fund of the date that I elect to start receiving payment of my deferred retirement benefit prior to reaching the age prescribed in legislation, such benefit will become an unclaimed benefit after expiry of 2 (two) years from the date that I reached the prescribed age and will either remain in the Fund or be transferred to an unclaimed benefit fund.
- The retirement benefit that will become payable on the date on which I elected to start receiving payment of my deferred retirement benefit, will be equal to my retirement benefit on my retirement date, plus investment return calculated from my retirement date to the date of payment of my retirement benefit, less costs.
- A monthly administration fee agreed upon between the Fund and ACA Employee Benefits (Pty) Ltd will be deducted from my deferred retirement benefit in the Fund.

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

\_\_\_\_\_  
Date

### Section H: Declaration by employer representative

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

- All particulars furnished in this form and accompanying documents are true and correct.
- The options in terms of the rules of the Fund have been fully explained to the member.
- The member indicated that he/she is fully aware of the contents of this form and any liabilities that he/she may have.
- The signature above is that of the aforementioned member and I have verified all the information provided.

Signed on behalf of employer \_\_\_\_\_

Designation \_\_\_\_\_

Full name \_\_\_\_\_

Date \_\_\_\_\_

