



EMPLOYEE BENEFITS

NOTIFICATION OF RETIREMENT

Physical Central Park Office
 Block Q
 No 400 16th Road
 Randjespark
 Midrand 1685

Postal PO Box 3119 Halfway House 1685

Tel 011 544 8300

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The following documents must accompany this form:

- a) Employer's written permission when a member retires before the normal retirement date
- b) Original certified copy of the member's Identification document
- c) Proof of bank details (when full or part of benefit is paid in cash)
- d) Policy application form for annuity purchases
- e) Document(s) required for a claim against the member's benefit in terms of Section 37D
- f) Form D for tax application

PROCESSING WILL BE DELAYED UNTIL ALL THE REQUIRED DOCUMENTS ARE SUBMITTED

EMPLOYER DETAILS

Fund	
Employer	
Paypoint	

MEMBER DETAILS

Membership number			
Company number			
Full names			
Surname			
Date of birth	/ /	Identification no.	
Tax Number			
Home telephone number.			
Cell phone number			
Future e-mail address			
Future Postal address		Postal code	
Future Residential address			
		Postal code	

RETIREMENT DETAILS

Date of Retirement				
Retirement type	Early Retirement	Normal Retirement	Late Retirement	Ill Health Retirement*
Final annual taxable income				
Final Annual Pensionable Salary				
Final contribution date				
Final member contribution amount				
Final employer contribution amount				
Final voluntary contribution amount (if				
Has the member been employed in any territory outside of South Africa? If so, please state the period and country(ies)				

* When a member is not covered for, or if the claim is declined under an insured Disability policy, a member may, on production of Medical evidence acceptable to the employer and the Board of Trustees, retire at any time prior to his normal retirement date due to ill health.

PAYMENT INSTRUCTION DETAILS

Claim(s) against member's Fund Credit

Indicate whether any of the following permissible recoveries are to be made from the member's fund credit in terms of Section 37(D) of the Pension Fund Act:

<input type="checkbox"/>	Home loan or home loan surety
<input type="checkbox"/>	Judgement or court order
<input type="checkbox"/>	Divorce court order
<input type="checkbox"/>	Maintenance court order

Home loan or home loan surety

A home loan or home loan surety claim can only be settled if it is provided for in terms of a contract between the Fund and the financial institution.

Judgement or court order

An original certified copy of the judgement or court order which specifically instructs the Fund to pay from the member's fund credit a specified amount to a specified institution/person.

An original certified copy of the claimant's bank statement, original letter stamped by the bank. or a cancelled cheque.

Divorce court order

An original certified copy of the full divorce court order (if not previously submitted) which specifically instructs the Fund to pay from the member's fund credit a specified amount/percentage to a specified person.

An original certified copy of the claimant's bank statement, original letter stamped by the bank. or a cancelled cheque.

Maintenance court order

An original certified copy of the maintenance court order (if not previously submitted) which specifically instructs the Fund to pay from the member's fund credit a specified amount/percentage to a specified person.

An original certified copy of the claimant's bank statement, original letter stamped by the bank. or a cancelled cheque.

Payment options and instructions

Note: The member must please familiarise him-/herself with the options available and the respective benefits and implications of each of these options prior to exercising his/her payment option. If you retire from a PENSION FUND, you have the option to commute a maximum of one third of your benefit in cash. You are required to purchase a pension with the residual capital. Many options, alternatives and various products are available and it is advisable to seek professional assistance before making a choice.

I hereby authorise Salt Employee Benefits (Pty) Ltd to pay the benefit as indicated below:

<input type="checkbox"/>	Full cash payout (Provident Fund only)	<input type="checkbox"/>	Tax-free portion cash payout, annuity purchase with remainder
<input type="checkbox"/>	Part cash payout, annuity purchase with remainder	<input type="checkbox"/>	Full annuity purchase, no cash payout

If part cash payout, indicate % or amount to be paid

%		R
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Bank details for cash payout

Note: The account must be in the name of the member. In the case of a joint bank account, a stamped letter from bank confirming that the account is held in both names is required. SALT Employee Benefits (Pty) Ltd will not accept responsibility for any losses that may arise from this arrangement.

Please attach an original certified copy of a bank statement stamped by the bank, or an original letter stamped by the bank, or a cancelled cheque to prove validity and ownership of the account.

Bank name			
Branch code		Branch name	
Account Number			
Account Holder			
Account type	<input type="checkbox"/> Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission

Details for annuity

Please supply the following information about the institution to which your benefit is transferred

Financial advisor			
Telephone number		e-mail	
Institution			
Annuity type purchased			
Policy application number			
Contact person			
Telephone no.		e-mail	

Bank details for annuity

Bank name			
Branch code		Branch name	
Account Number			
Account Holder			
Account type	<input type="checkbox"/> Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission

MEMBER DECLARATION

I, _____ (full names) hereby declare that the above information is true and correct in every detail and Salt Employee Benefits (Pty) Ltd is hereby authorised to make payment as stated above.
The options in terms of the Rules of the Fund as well as the tax implications have been fully explained to me and I declare that I understand all options.
After seeking the relevant financial advice, I confirm that the choices indicated here are my final instructions and I acknowledge that I am aware that the benefit will be subject to the Fund Rules and relevant legislation.
I agree that payment above shall constitute good and effectual settlement and shall be full and final discharge to Salt Employee Benefits (Pty) Ltd and the Fund of its liability in terms of the Rules of the Fund.

Member signature

Date

EMPLOYER DECLARATION

I, _____ (full names) in my capacity of _____ hereby declare that all the above information and accompanying documents are, to the best of my knowledge true and correct and Salt Employee Benefits (Pty) Ltd is hereby authorised to make payment as stated above.
The options in terms of the Rules of the Fund and tax implications have been fully explained to the member.

Employer authorised signature

Date

