



NOTIFICATION OF WITHDRAWAL

Physical Central Park Office
 Block Q
 No 400 16th Road
 Randjespark
 Midrand 1685
 Postal PO Box 3119 Halfway House 1685
 Tel 011 544 8300
 Fax 011 544 8301/2
 E-mail umbrella@salteb.co.za

The following documents must be submitted with this form:

- a) Original certified copy of the member's Identification document
- b) Proof of bank details (when full or part of benefit is paid in cash)
- c) Policy application form and contact details (when benefit is preserved)
- d) Document(s) required for a claim against the member's benefit in terms of Section 37 D

PROCESSING WILL BE DELAYED UNTIL ALL THE REQUIRED DOCUMENTS ARE SUBMITTED

SECTION 1: EMPLOYER DETAILS

Fund	
Employer	
Paypoint	

SECTION 2: MEMBER DETAILS

Membership number			
Company number			
Full names			
Surname			
Date of birth	/ /	Identification number	
Tax number			
e-mail			
Cell phone number			
Home phone number			
Postal address		Postal code	
Residential address		Postal code	

SECTION 3: WITHDRAWAL DETAILS

Date of withdrawal						
Withdrawal type	Voluntary Resignation	Dismissal	Abscond	Involuntary Retrenchment	Voluntary Retrenchment	Other (Specify)
Specify "Other"						
Final Annual Pensionable Salary						
Date of final contribution						
Final member contribution amount						
Final employer contribution amount						
Final voluntary contribution amount (if applicable)						
Has the member been employed in any territory outside of South Africa? If so, please state the period and country(ies)						

SECTION 4: 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 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

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

<input type="checkbox"/>	Full cash payout	<input type="checkbox"/>	Tax-free portion cash payout, transfer remainder
<input type="checkbox"/>	Part cash payout, transfer remainder	<input type="checkbox"/>	Full transfer, 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 transfer of benefit

Please supply the following information about the approved fund or institution to which your benefit is to be transferred

Nature of transfer	<input type="checkbox"/>	Transfer to Approved Retirement Fund of future employer
	<input type="checkbox"/>	Transfer to Approved Preservation Fund or Approved Retirement Annuity

Details of Approved Retirement Fund of future employer

Future employer		
Contact person	Contact Number	
Future fund name		
Fund administrator		
Contact person		
Telephone no.	e-mail	

Details of Approved Preservation Fund or Approved Retirement Annuity

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

Bank details for transfer of benefit

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

SECTION 5: 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.

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

SECTION 6: 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

Official Stamp