

NOTIFICATION OF WITHDRAWAL

To be completed by employer and member

- All sections must be completed in full using BLOCK LETTERS.
- Please indicate all options selected by means of a cross (X).
- To enable Acravest to process this form, please ensure that it is completed in full and that the information provided is accurate.
- Please sign next to any amendments made on this form.

SUPPORTING DOCUMENTS

- An original certified copy of the member's identity document;
- Proof of bank details (when benefit is paid in cash);
- Document/s required for a claim against a member's benefit;
- Member's proof of address;
- Application form (when benefit is preserved / transferred)

DETAILS AT LAST DAY OF E	MPLOYMENT
Pension Fund	Provident Fund Pension & Provident Fund
Fund name	
Employer	
Full names	
Surname	
ID/Passport number (if foreign na	tional) Date of birth D D M M Y Y Y Y
Company employee number	Last Contributing Month M M Y Y Y Y
Membership number	
Reason for withdrawal:	Voluntary resignation Dismissal Abscond Retrenchment
	Transfer to another fund
Postal address	
	Postal code
Telephone number	Cellphone number
E-mail address	
NOTE: Failure to complete the d	ocument in full and provide all the relevant personal information as requested will lead to a delay in the processing of your claim.
Non-contributory administration	
MEMBER'S TAX DETAILS	
Income tax reference number	

NOTE: in the event that SARS declines the member's application for a tax directive due to the incorrect data provided, the member/employer / broker will be contacted

Failure to resolve the issue within 15 working days of being informed of the issue, the fund will re-invest the money in the fund within a money market account.

If the money is not reclaimed within 24 months of leaving the employment of the employer, the member's funds will be moved to the unclaimed fund.

The member can resubmit their claim once the issue with SARS has been resolved and the fund can re-apply for a tax certificate.

A non-contributory administration fee will be charged monthly for all inactive members and tracing fees may apply.

ACRAVEST

immediately.

FUND COUNSELLING, DEFAULTS AND DECISION

PAID-UP MEMBER OPTIONS	COST OF EXERCISING OPTION	OTHER INFORMATION TO TAKE NOTE OF/ CONSIDER									
DEFAULT Preserve your money in the fund	No initial once-off charge No transfer costs such as tax Low & fixed ongoing administration costs May include intermediary commission if a financial advisor is used	Proper independent governance of Fund									
Transfer your money to an outside Preservation Fund	Costs may include: Transfer costs in the form of intermediary commission and possible take-on costs in the Preservation Fund Ongoing intermediary commission if a financial advisor is used	Cost structure may not be transparent, or may include expensive costs – asset management, platform fees etc.									
Transfer your money to your new employer's Pension/Provident Fund	Tax will be applicable if you transfer from a Pension Fund to Provident Fund	No insight in the performance-, cost- and governance of the new employer Fund, might not have the flexibility compared to preserving in the fund									
Transfer your money to a Retirement Annuity Fund (This can be the iRetire Retirement Annuity Fund)	May Include the following: Transfer costs in the form of intermediary commission and possible take-on costs in the Retirement Annuity Fund. (no take on costs in the iRetire Retirement Annuity Fund) Ongoing intermediary commission if a financial advisor is used	If the iRetire Retirement Annuity is chosen, the cost structure is transparent with institutional based Asset Management fees and proper governance in the fund. Other Retirement Annuity Funds - Cost structure may not be transparent or may include expensive costs – asset management, platform fees etc. No access to monies until retirement									
Take your money in cash	Cash withdrawal is taxable – please note that if you owe SARS any money, it will be deducted from the pay-out.	If you take your fund as cash – you are using your Retirement money, and when you start saving again, you start at zero. This is one of the main reasons people do not have enough money when retiring In your lifetime, you have a tax free portion of R 500,000.00 – this can be changed by SARS									

Paid-up member means: You are no longer employed by the Employer and your benefit will be invested in the default option if you do not choose an option

If you require any further information please email admin@iretire.co.za or call (012) 941 9927

I have read and understand all n	read and understand all my options including the default, and hereby authorise Acravest to allocate the benefit as follows:											
Preserve in the current fund (D	EFAULT)		Full cash pay-out									
Staying in current product			Take a portion of the benefit in ca	ish								
 Move to new product (ple enquire about investment options available) 			Selected Rand value:	R								
Transfer money into Fund			Selected Percentage:	. %								
MEMBER SIGNATURE			EMPLOYER SIGNATURE									
MEMBER'S BANK DETAILS	S FOR PAYMENT OF	CASH BENEFIT										
Account holder												
Name of bank			Branch									
Account number			Branch code									
Account type												

NOTE: Benefits cannot be paid into a bank account of a third party. The account must be in the name of the member. Please attach an originally certified copy of a bank statement or an original letter stamped by the bank to prove validity and ownership of the account.



DETAILS OF NEW FUND																																	
Receiving fund name			_					_			_	_												_	_	_			_	_	_		
Institution or administrator's name																																	
Contact person																																	
Telephone number			\Box																														
E-mail address																																	
CLAIM/S AGAINST MEMBER'S BENEFIT																																	
To a financial institution in	n resp	ect of	f a ho	ousir	ng loa	an gi	uarar	itee	prov	ided	in t	:erm	ns of	a co	ontra	act				Т	heft,	dish	one	sty, f	frauc	l or	misc	condu	ict b	y the	me	mber	-
Court order																																	
NOTE: Payment of a claim is on							follo	wing	doc	ume	nts	beir	ng att	tach	ned:																		
(a) Supporting documentation i(b) Written admission of liabilit dishonesty or misconduct;							mbe	ror	judgı	ment	: aga	inst	the	me	mbe	r obi	aine	d in	any (cour	rt (in	clud	ling a	a ma	ıgistı	rate'	's coi	urt) ir	n the	e eve	nt o	f the	ft,
(c) The Court order in the eve			rt or	der.																													
(d) Proof of banking details of e	:mplo	yer.																															
Amount of claim	R																																
Claimant																																	
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MEMBER SIGNATURE																LOYI JATL																	
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CONFIRMATION AND AUT	HOF	RISAT	ION	1																													
- We hereby certify that the abo																																	
The options in terms of the RuWe agree that payment above s																													erm:	s of t	he F	Rules	of
the Fund.																																	
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Signed on behalf of the member			_	_	\dashv					on be	half	of t	the e	_	÷	_	_	_	_	_	4												
Date D D M	М	Y	Y	Υ	Υ				ate				D	D	M	I M	Υ		(1		Υ			_			_						
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RISK BENEFITS																																	
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Yes																																	
No																																	
NOTE: You will pay the risk pro	vider	direct	tly in	ı you	ır per	son	al cap	oacit	y.																								
The risk provider/advisor will cal	l you	direct	ly.																														

