

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 EMPLOYMENT

Pension Fund
 Provident Fund
 Pension & Provident Fund

Fund name:

Employer:

Full names:

Surname:

ID/Passport number (if foreign national):

Date of birth:

Company employee number:

Last Contributing Month:

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 document 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 fees will apply.

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 immediately.

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.
 The member can resubmit their claim once the issue with SARS has been resolved and the fund can re-apply for a tax certificate.
 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.
 A non-contributory administration fee will be charged monthly for all inactive members and tracing fees may apply.

DETAILS OF NEW FUND

Receiving fund name	<input type="text"/>
Institution or administrator's name	<input type="text"/>
Contact person	<input type="text"/>
Telephone number	<input type="text"/>
E-mail address	<input type="text"/>

CLAIM/S AGAINST MEMBER'S BENEFIT

- To a financial institution in respect of a housing loan guarantee provided in terms of a contract Theft, dishonesty, fraud or misconduct by the member
- Court order

NOTE: Payment of a claim is only permissible subject to the following documents being attached:

- Supporting documentation in respect of a housing loan;
- Written admission of liability to the employer by the member or judgment against the member obtained in any court (including a magistrate's court) in the event of theft, dishonesty or misconduct;
- The Court order in the event of a court order.
- Proof of banking details of employer.

Amount of claim	<input type="text"/>
Claimant	<input type="text"/>

MEMBER
SIGNATURE

EMPLOYER
SIGNATURE

CONFIRMATION AND AUTHORISATION

- We hereby certify that the above information is true and correct in every detail and Acravest is hereby authorised to make payment as stated above.
- The options in terms of the Rules of the Fund have been fully explained to the member and the member declares that he/she understands all options.
- We agree that payment above shall constitute good and effectual settlement and shall be full and final discharge to Acravest and the fund of its liability in terms of the Rules of the Fund.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signed on behalf of the member	Signed on behalf of the employer	Company Stamp
Date <input type="text"/>	Date <input type="text"/>	
	Designation <input type="text"/>	

RISK BENEFITS

In the event that your current risk benefits have a continuation option (continue with risk benefits in your personal capacity), would you like to continue with these benefits?

- Yes
- No

NOTE: You will pay the risk provider directly in your personal capacity.

The risk provider/advisor will call you directly.