

**APPLICATION FOR SETTLEMENT OF THE DIVORCE BENEFITS BY A NON MEMBER SPOUSE**
**MUST BE COMPLETED BY THE NON MEMBER SPOUSE IN THE CASE OF A DIVORCE ORDER CLAIM**

**NOTE:** An application by the Non Member Spouse for a Divorce Settlement Order will only be considered once all the requirements stipulated in this document has been received by this office.

The following documents must accompany this application:

	Already supplied	Attached	N/A
Certified copy of Non Member Spouse ID document	<input type="checkbox"/>	<input type="checkbox"/>	
Certified copy of the Divorce Order	<input type="checkbox"/>	<input type="checkbox"/>	
Application forms for the Transfer to another Approved Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PARTICULARS OF MEMBER**

Name of Scheme/Fund																					
Employer																					
Membership Number																					
Member's Full Name and Surname																					
Date of Birth	<table border="1" style="display: inline-table; text-align: center; font-size: small;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	ID Number	<table border="1" style="display: inline-table; text-align: center; font-size: small;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>										
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If no income tax number is provided, please provide a reason:																					
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**PARTICULARS OF NON-MEMBER SPOUSE**

Title																											
Full Name and Surname																											
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Postal Address																											
Residential Address																											
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**PAYMENT OPTIONS**

The Divorce Order Benefits can either be taken as a Cash Lump Sum or transferred to an Approved Pension, Provident, Retirement Annuity Fund. Please indicate your option below and provide the relevant particulars.

Cash Lump Sum Payment     
  Transfer to an Approved Fund

**BANKING DETAILS OF NON MEMBER SPOUSE (FOR FULL CASH LUMP SUM PAYMENT – THE ACCOUNT MUST BE IN YOUR OWN NAME)**

Name of Account Holder

Bank

Branch Name

Account Number  Branch Code

Account Type

**TRANSFER FUND DETAILS**

Name of Approved Fund

Type of Approved Fund:  Pension Fund  Provident Fund  Retirement Annuity

**TRANSFER FUND CONTACT DETAILS**

Name and Surname

Telephone Number

Fax Number

Email Address

**TRANSFER FUND BANKING DETAILS**

Account Name

Bank

Branch Name

Account Number  Branch Code

Account Type  Cheque  Savings  Transmission

Signature of Non Member Spouse

Date