

ANNUAL WITHDRAWAL FROM SAVINGS ACCOUNT

To be completed by employer and Member / Investor

- 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.

REQUIRED DOCUMENTATION

The following outlines the supporting documentation required in terms of the Financial Intelligence Centre Act, No 38 of 2001 (FICA) as well as other documents required by Acravest. This documentation is necessary in order for the Fund to verify the details in this application

- ☐ Copy of ID or Passport
- ☐ Proof of SA income tax number
- ☐ Proof of residential address
- ☐ Proof of bank details (not older than 3 months)

(Copies of the supporting documentation are sufficient as long as all text and photographs are clear and legible).

IRETIRE FUND DETAILS

Fund name Registration number

Participating Employer (If Applicable)

MEMBER / INVESTOR DETAILS

Full names

Surname

ID or Passport number (if foreign national) Gross Annual Salary

Are you a registered tax payer Yes ☐ No ☐

If yes, specify income tax number

Date of birth

Telephone number Cellphone number

E-mail address

Account holder

Name of bank

Account number Branch code

Account type

DETAILS OF WITHDRAWAL

Amount to be withdrawn:

1. Full Amount available: Yes ☐ No ☐

2. Specified amount: R

Minimum withdrawal amount applicable as per legislation. Contact your Fund to confirm.

Limitation of ONE withdrawal per TAX YEAR.

In the event of a Member / Investor making a withdrawal from the Savings Component AND also resigning/retiring in that tax year, another withdrawal from the Savings Component may only be allowed if the balance in the Savings Component is less than R2,000.

DECLARATION BY MEMBER / INVESTOR

I understand that the onus is on me to ensure that the transfer instruction is received by Acravest and if Acravest does not acknowledge receipt of the instruction within five working days, then it is my responsibility to follow up with Acravest.

I understand that if the instruction is not completed in full, or inaccurate, the instruction may not be processed until the instruction is completed in full and accurate.

I understand that the withdrawal amount is subject to taxation at my annual marginal tax rate. The tax will be recovered by the Fund and paid to the South African Revenue Services.

I understand that transaction costs will be recovered from the withdrawal amount, before payment to myself.

MEMBER / INVESTOR
SIGNATURE

Date

D	D	M	M	Y	Y	Y	Y
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