



NOTIFICATION OF RETIREMENT

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

	rting documentation required in terms of the Financial Intelligence Centre Act, No 38 of 2001 (FICA) as well as other documents required by necessary in order for the Fund to verify the details in this application
Copy of ID or Passpor	t
Proof of SA income ta	x number
Proof of residential add	dress
Proof of banking detail	ls (if any portion of the benefit is payable in cash)
Completed application	form for transferee fund where benefit is transferred to an approved fund
Copies of the supporting docum	entation are sufficient as long as all text and photographs are clear and legible).
	OCUMENT IN FULL AND PROVIDE ALL THE RELEVANT PERSONAL INFORMATION, INCLUDING SUPPORTING DOCUMENTATION, E PROCESSING OF YOUR CLAIM.
FUND DETAILS WHERE MEN	MBERSHIP WAS AT LAST DAY OF EMPLOYEMENT
und name	Registration number
Participating Employer (If Applical	
rai delpading Employer (il Applicat	DIE)
INVESTOR /MEMBER DETAIL	LS
-ull names	
Surname	
D/Passport number (if foreign na	tional) Date of birth DDMMYYYYY
1 dembership/Investor number	Company Employee number
Type of retirement	Normal Early Late III health
Postal address	
	Postal code Postal code
Telephone number	Cellphone number
-mail address	
Are you a registered tax payer	Yes No Last contributing month D D M M Y Y Y Y

NOTE: In the event that SARS declines the application for a tax directive due to incorrect data provided, or unresolved matters between the member and SARS, the Member / Investor Employer / Advisor will be contacted. Failure to resolve the matter within 15 working days of being informed of the matter, could lead the Fund to re-investing the money in a money market strategy. In such an instance, the claim needs to be resubmitted by the Member / Investor, following resolution of the matter. No interest will be added to the benefit whilst the money remains in the Fund bank account.



If yes, specify income tax number

EXPLANATION: ACCESS TO BENEFIT

Portion of benefit available in cash at retirement (Maximum)

(Subject to prevailing tax rates)

Vested benefit.

Plus

· 1/3 of Non-vested benefit,

Plus

• Savings component

(Subject to the MEMBER / INVESTOR not having already made a SAVINGS COMPONENT WITHDRAWAL in that tax year and in such an instance the balance remaining in the SAVÍNGS COMPONENT is less than R2 000 or a similar amount determined by legislation from time to time

Portion of benefit to be converted to a life-long approved annuity

Savings Component

From I September 2024, 1/3 of any contributions by or on behalf of a Member / Investor, after risk premiums and costs, will accumulate in the Savings Component. The balance in the savings component is accessible ONCE PER TAX YEAR, provided the withdrawal amount is more than R2 000 or such other amount that may be indicated by the legislator.

• Retirement Component:

From I September 2024, 2/3 of any contributions by or on behalf of a Member / Investor, after risk premiums and costs, will accumulate in the Retirement Component. The Retirement Component will be accessible only at retirement and only in the form of an approved life-long annuity.

• ²/₃ of Non-vested benefit

Exceptions:

- Emigration: A Member / Investor emigrating may receive the full benefit in cash, provided that the Member / Investor is registered as a non-resident at the South African
- Revenue Services;
 A MEMBER / INVESTOR who is not a South African resident, employed in South Africa on the basis of a visa as contemplated in paragraph (i) of the definition of "visa" in section I of the immigration act, No. 13 of 2002), who leaves the country as a result of the expiry of the visa, will be allowed to withdraw his full benefit in cash.

MEMBER / INVESTOR ELECTION
Portion of benefit taken in cash:
Specify amount:
Balance of benefit to remain in current Fund (Retirement component + Savings Component + 2/3 of Non-vested benefit + Available cash value not taken):
Yes No No
PLEASE NOTE: In terms of current Benefit to remain in Current Fund? legislation, the minimum annuity payment is 2.5% per annum and the maximum annuity payment is 17.5% per annum.
Selected percentage for the first year:
OR
Rand value selected for the year:
Apply a special tax rate? Yes Specify rate:
Transfer benefit to another approved fund/Insurer? Yes No
Type of annuity purchased: Living annuity Guaranteed annuity
MEMBER / INVESTOR SIGNATURE EMPLOYER SIGNATURE
TRANSFEREE FUND / POLICY DETAILS
Transferee Fund / Policy Registration number
Contact person
Telephone number
E mail address

NOTE: The fully completed application form of the transferee fund to be included in the submission of this withdrawal claim.



MEMBER'S / INVESTOR'S BA	ANK DE	ETAIL	LS F	OR F	PAYM	ENT	OF	CA	SH	BEN	NEFIT	Г																	
Account holder																													
Name of bank														Ві	ranch	1			П		_		_						
Account number		$\overline{\top}$	\top	T	T									Ві	ranch	cod	le			T	$\overline{\top}$	T	\overline{T}	$\overline{\top}$	$\overline{\top}$	$\overline{\top}$	$\overline{\top}$		$\overline{\top}$
Account type																													
NOTE: Benefits cannot be paid statement or an original letter sta														e of th	e Me	mbe	er / In	esto/	r. Ple	ease	attao	ch an	orig	ginally	y cer	tified	l cop	y of	a bank
ANNUITY DETAILS																													
Type of annuity purchased																													
Institution or administrator's name																													
Name of financial advisor																													
Telephone number		$\overline{\perp}$													N	OTE	: Арр	licati	on d	ocun	nent	ation	ı mu	st be	pro	vided	i.		
FSCA/Life License number																													
CLAIM(S) AGAINST MEMB Claim in respect of housin NOTE: Payment of a claim is on (a) Supporting documentation (b) Written admission of liability event of theft, dishonesty (c) The Court order in the even Amount of claim Beneficiary Account holder Name of bank	ng loan? nly permi in respec ty to the or misco	issible ct of a prod onduc	e subje a hous luct p	ect to sing lo provid	o the f	ollov									ee inv									o the		·		urt)	in the
Account number	\Box	$\overline{\top}$	$\overline{\Box}$	$\overline{\Box}$	Т	T		T			T			E	Branc	h co	de		Ē	Τ	T	Τ	$\overline{\top}$	$\overline{\top}$	$\overline{\top}$	$\overline{\top}$	T	T	$\overline{\top}$
Account type																			Ξ										
MEMBER / INVESTOR SIGNATURE		_	_	_									emplc Signa										_						
CONFIRMATION AND AUT - We hereby certify that the abo				rije 21	nd con	rect	in ev	erv c	letail	and	Acras	/A¢+	is here	hv au	hori	sed +	o ma	ce no	vmo	nt ac	ctat	red al	how	<u> </u>					
The options in terms of the Ru We agree that payment above sithe Fund. I understand that transaction of I understand that the withdraws the Fund.	lles of th shall con osts will	e Fun stitute be re	nd hav e goo ecover	re bee	en fully d effect om th	exp tual :	laine settle thdra	d to emen wal a	the I t and amou	Memid sha	ber / II be f efore	Inve full a	stor ar ind fina ment t	nd the Il disch	Mem narge elf.	ber to A	/ Inve	stor est an	decl d th	ares e fur	that nd of	he/s f its li	he u iabili he Sc	inder	term Afric	ns of	the F	Rule	s of
Signed on behalf of the Member /	/ Investo	r				L S	igned	on I	beha	If of	the E	mplo	oyer					┙						ompa	2119	realif	•		
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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 continu	e 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.

FUND COUNSELLING, DEFAULT

Options at Retirement	Cost of exercising option	Other information to take note of / consider					
TRUSTEE DEFAULT OPTION:							
Transfer your accumulated benefit to the Acravest Living Annuity Policy • This approach will allow you to invest your money in your preferred investment strategy. This means that you will also assume the investment risk • You will receive an annual pension (minimum of 2.5% and a maximum of 17.5% of your assets), payable monthly or selected frequency • Your assets will be invested in the name of Guardrisk, with you as the only beneficial owner. These assets will be available to your beneficiaries at the date of your death • You will have the opportunity to take the allowable components in cash, before you invest into the living annuity	 No initial once-off charge No transfer costs or tax Low ongoing management and administration costs May include intermediary commission if you decide to appoint a financial advisor 	 Proper independent governance / oversight of the Fund and its activities The cost structure is transparent with a keen focus on managing the costs in the Fund 					
ALTERNATIVE OPTIONS:							
Transfer your accumulated benefit to an alternative approved vehicle • You may select a living annuity (Similar to the Trustee default above) or a life annuity (guaranteed pension)	No insight into the cost conventions. These may include upfront and ongoing advisory commission	No insight into the governance and transparency regarding performance and costs of the receiving fund					

ANNUITY PAYMENT OPTIONS

A living annuity allows you to set your income level subject to constraints imposed by the authorities from time to time and allows you to select a wide range of investment strategies in respect of the capital that will generate the annuity.

The level of income you select is not guaranteed for the rest of your life. The level of income you select may be too high and may not be sustainable if:

- you live longer than expected with the result that the capital is significantly depleted before your death; or
- the return on the capital is lower than that required to provide a sustainable income for life.

It is your responsibility (in consultation with your financial advisor) to ensure that the income that you select is at a level that would be sustain-able for the rest of your life. You need to carefully manage your income drawdown relative to the investment return on the capital in order to achieve this. The table below can be used as a guide.

Years before your income will start to reduce

		INVESTMENT RETURN PER ANNUM (BEFORE INFLATION & AFTER ALL FEES)											
		2.50%	5.00%	7.50%	10.00%	12.50%							
	2.50%	21	30	50+	50+	50+							
ANNUAL INCOME RATE SELECTED AT INCEPTION	5.00%	П	14	19	33	50+							
	7.50%	6	8	10	13	22							
	10.00%	4	5	6	7	9							
	12.50%	2	3	3	4	5							
	15.00%	I	I	2	2	2							
	17.50%	I	I	I	I	I							

