

**SAB PROVIDENT FUND  
WITHDRAWAL FORM**  
Please PRINT all details

**PERSONAL DETAILS (TO BE COMPLETED BY MEMBER)**

Full Names of Member:

Member's Employee Number:  Region:

Date of Birth:           Date of Exit:

Is there a Divorce Order?:  YES  NO (If yes, attach an original certified copy of your Divorce Order)

Income Tax No:             ID Number:

Full Residential Address:

Postal Code:

Postal Address:

Postal Code:

Telephone No.: Home  Work  Cell

Future E-mail address:

**OFFICE USE (TO BE COMPLETED BY EMPLOYER)**

Reason for Leaving: ()  Resignation  Retrenchment  Dismissal  Retirement

If Retirement, type of retirement:  
 Normal  Voluntary early  Ill health  At employer request

Are there any section 37D\* amounts owing to the employer?:  YES (If yes, attach details)  NO

\*Amounts due to the company as a result of the housing loan provided by the company or any amount due to the employer as a result of fraud or misconduct.

I certify that the information contained herein is, to the best of my knowledge, correct and has been checked for completeness.

**EMPLOYER'S DECLARATION**

It is hereby confirmed and warranted that the

- information contained herein is correct and, in particular, that the member's banking details provided above have been confirmed as correct;
- the Employer has provided the member with a copy of the "Options available to members on leaving their Retirement Fund" document and / or with the contact details for the Individual Advice Centre;
- the Employer will endeavour to ensure the member signs this notification;

The Employer hereby unconditionally absolves the Fund and Sanlam Employee Benefits and as necessary indemnifies and keeps indemnified the Fund and Sanlam Employee Benefits from and against all and any loss, damage, costs and expenses which the beneficiaries, or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of Sanlam Employee Benefits, on behalf of the Fund, relying on and using any information supplied by the Employer, specifically where the Employer has failed to obtain the beneficiary's signature on this notification.

Signature of HR: \_\_\_\_\_ Payroll Stamp:

Name of HR: \_\_\_\_\_

Signature of Payroll Administrator: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date:

## OPTION SELECTION (TO BE COMPLETED BY MEMBER)

I am fully aware of the implications of the following options and hereby make an informed decision as to the option/s I select:

	%	R'value
<input type="checkbox"/> <b>Option 1:</b> Transfer to another retirement funding vehicle		
<input type="checkbox"/> <b>Option 2:</b> Transfer to new employer's provident fund		
<input type="checkbox"/> <b>Option 3:</b> Cash withdrawal		
<input type="checkbox"/> <b>Option 4:</b> *Purchase Living Annuity		
<input type="checkbox"/> <b>Option 5:</b> *Deferred Member (expats who elect this option will stay in the Fund until retirement)		
<input type="checkbox"/> <b>Option 6:</b> *Preferential Annuity		
<b>Total:</b>		

*\*Details available in the withdrawal booklet at [www.yourfund.co.za/sab](http://www.yourfund.co.za/sab)*

Contact Sanlam Employee Benefits at e-mail address: [sabprovidentfund@sanlam.co.za](mailto:sabprovidentfund@sanlam.co.za) or Tel number: 0861 386 202

<b>Option 1:</b> Transfer to another retirement funding vehicle	Insurance Co:		
	Type of Policy:	e.g. Retirement Annuity	
	Policy Number:		
	Contact Name:	E-mail:	
		Tel No:	
<b>Option 2:</b> Transfer to new employer's provident fund	Employer Name:		
	Fund Name:		
	Contact Name:	E-mail:	
		Tel No:	
<b>Option 3:</b> Cash withdrawal	Bank:		
	Account Number:	Branch Code	
	Account Type:	e.g. Cheque, Savings	
<b>Option 4:</b> Purchase Living Annuity	Complete and return the living Annuity declaration and indemnity form. Please keep the Fund administrator informed of any changes to your contact details.		
<b>Option 5:</b> Deferred Pensioner	Please keep the fund administrator informed of any changes to your contact details.		
<b>Option 6:</b> Preferential Annuity	Insurance Co:		
	Type of Policy:	e.g. Retirement Annuity	
	Policy Number:		
	Contact Name:	E-mail:	
		Tel No:	

## MEMBER'S SIGNATURE & DISCHARGE

I hereby confirm that:

- payment of my benefit as specified herein represents the full and final discharge of the Fund's liability to me as set out in the Rules of the Fund;
- the details provided herein, in particular my banking details are true and correct in every way;
- I have read the withdrawal booklet provided and consulted with a financial adviser where necessary and I understand the options available to me with regard to the payment of my benefits, including the inherent tax implications and that I am making an informed choice;
- In the event of any loss suffered as a result of any details provided herein being incorrect, neither the Fund nor Sanlam Employee Benefits can be held liable for such losses.
- I understand that I have the right to amend the payment instruction given to Sanlam Employee Benefits and that Sanlam Employee Benefits may levy a fee for acting on any amended payment instruction after my initial payment instruction has been actioned.
- **I acknowledge that my benefit will be disinvested and held in the Fund's bank account until such time as payment of the benefit is made in terms of my payment instructions. The only exception to this practise will be where the Administrator is instructed in writing not to disinvest the monies where a separate agreement is in place on the Fund in terms of the disinvestment of exit benefit monies.**
- I understand that in terms of legislation, any benefit which is due to me and which has not been paid within 24 months from the date it first became due in terms of the Rules of the Fund will be taxed and will become an "Unclaimed Benefit" and may in future be transferred to an Unclaimed Benefit Fund.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_