

**FUND ADMINISTRATION FORM
BENEFIT CLAIM**

UMBRELLA FUND / FUND NAME _____

PARTICIPATING EMPLOYER _____

MEMBER'S PERSONAL DETAILS

FUND MEMBERSHIP NO. _____

SURNAME _____ FIRST NAMES _____

DATE OF BIRTH _____ IDENTITY NUMBER _____

MARITAL STATUS _____ DATE OF MARRIAGE _____

MARRIED IN OR OUT OF COMMUNITY OF PROPERTY? ☐ IN ☐ OUT

SPOUSE'S SURNAME AND FIRST NAMES _____ NO. OF CHILDREN _____

SPOUSE'S DATE OF BIRTH _____ SPOUSE'S IDENTITY NUMBER _____

INCOME TAX REFERENCE NUMBER _____ REVENUE OFFICE OF LAST TAX RETURN _____

RESIDENTIAL ADDRESS _____

POSTAL CODE _____

POSTAL ADDRESS _____

POSTAL CODE _____

(Both of the above addresses are required by the SA Revenue Services - SARS).

HOME TEL NO. (_____) _____ WORK TEL NO. (_____) _____

CELL PHONE NO. _____ FACSIMILE NO. (_____) _____

E-MAIL ADDRESS _____

MEMBER'S BANK DETAILS

(Please attach a copy of your bank statement)

NAME OF BANK _____ ACCOUNT HOLDER _____

BRANCH NAME _____ BRANCH CODE _____

TYPE OF ACCOUNT _____ ACCOUNT NUMBER _____

ACCOUNT HOLDER RELATIONSHIP _____ (in the event of a joint account)

DIVORCE ORDERS

Are you aware of any Divorce Order issued by the High Court / Supreme Court against your pension benefit in favour of an ex-spouse?

☐ YES

☐ NO

If yes, attach an original certified copy of the complete divorce court order to this form (if not already supplied to the Fund). This order must be in terms of Section 7(8) of the Divorce Amendment Act 1989, to be binding on the Fund. Please provide full contact details of the ex-spouse in order for the benefit payment to be made by the Fund.

BENEFIT OPTIONS (Withdrawal and Retirement Claims ONLY)

On retirement from a Pension Fund a member is entitled to commute up to a maximum of 1/3rd (33.33%) only!

- ☐ Pay benefit directly into my own bank account as specified above.
- ☐ Pay portion of my benefit into my own account as specified above. Specify amount or percentage: _____
- ☐ Transfer of Benefit; ☐ Full Benefit
- ☐ Portion of Benefit: Specify amount or percentage: _____

NAME OF FUND: _____

TYPE OF FUND: _____

CONTACT DETAILS: _____

DETAILS BY EMPLOYER

TERMINATION OF SERVICE DETAILS

DATE OF TERMINATION OF SERVICE _____

REASON FOR TERMINATION OF SERVICE:

- ☐ WITHDRAWAL _____ (Resignation, Dismissal, Abscondment, Retrenchment, Transfer)
- ☐ RETIREMENT _____ (Voluntary Early, Compulsory Early, Normal, Late, Ill-health)
- ☐ DEATH

CONTRIBUTION DETAILS

FINAL MONTH IN WHICH CONTRIBUTION WAS MADE _____

AMOUNT OF FINAL CONTRIBUTION R_____ MEMBER

R_____ EMPLOYER

PRIOR CLAIM

Is there a prior claim in respect of section 37D of the Pension Funds Act? ☐ YES ☐ NO

If yes, please provide proof of the claim and employer banking details.

Housing loan guarantee by the fund to the bank
(Fund's home loan facility):

R

Housing loan guarantee by the employer:

R

Compensation for damage caused by the employee*:

R

* Where "Compensation for damage caused by the employee" applies, the employee and employer are required to complete the 'Acknowledgement of Liability and Agreement to Pay' and 'Annexure A' forms which are available for download from our website, www.verso.co.za, under client forms.

EMPLOYER BANKING DETAILS

NAME OF ACCOUNT HOLDER _____

NAME OF BANK _____

BRANCH NAME _____ BRANCH CODE _____

TYPE OF ACCOUNT _____ ACCOUNT NUMBER _____

REFERENCE NUMBER _____ (if applicable)

DECLARATION

EMPLOYEE

SIGNATURE OF EMPLOYEE _____ DATE _____

EMPLOYER

It is hereby confirmed and warranted that the information contained herein is correct and, in particular, that the beneficiary's banking details provided above, have been confirmed as correct. The employer hereby unconditionally absolves the Fund and Verso Financial Services (Pty) Ltd and as necessary indemnifies and keeps indemnified the Fund and Verso Financial Services (Pty) Ltd from and against all or any loss, damage, cost and expenses which the beneficiaries, or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of Verso Financial Services (Pty) Ltd, on behalf of the Fund, relying on and using any information supplied by the employer.

FULL NAME OF AUTHORISED OFFICIAL OF THE EMPLOYER _____

WORK TEL NO. (_____) _____ FACSIMILE NO. (_____) _____

E-MAIL ADDRESS _____

SIGNATURE OF AUTHORISED OFFICIAL OF THE EMPLOYER _____

DATE _____ EMPLOYER STAMP _____

DOCUMENTS

Please attach original certified copies of the following documents, where applicable, to this Benefit Claim Form.

RETIREMENT: Identity document

DEATH: Death Certificate (BI-5 or BI-20), Member and Spouse's Identity document, Marriage Certificate, Identity documents of any other dependants, Nomination of Beneficiary Form, Death Investigation Form, Banking Details and Addresses of Dependants/Beneficiaries.

NOTES

- Payment will only be made on receipt of a tax directive, issued by the SA Revenue Service (SARS).
- Please forward the original claim form to this office, photocopies will not be accepted.