

BENEFIT CLAIM FORM: PAID-UP MEMBER

UMBRELLA FUND NAME _____

MEMBER DETAILS

MEMBER NO. _____

SURNAME _____ FIRST NAMES _____

DATE OF BIRTH _____ IDENTITY NUMBER _____

GENDER: MALE FEMALE MARITAL STATUS _____

RESIDENTIAL ADDRESS _____

POSTAL ADDRESS _____

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

TEL NO. (_____) _____ CELL PHONE NO. _____

E-MAIL ADDRESS _____

PREFERRED LANGUAGE FOR CORRESPONDENCE: ENGLISH AFRIKAANS

INCOME TAX REFERENCE NO. _____ REVENUE OFFICE OF LAST TAX RETURN _____

BANKING DETAILS

(Please attach a copy of your bank statement)

ACCOUNT HOLDER'S NAME _____

BANK NAME _____ ACCOUNT NUMBER _____

BRANCH NAME _____ BRANCH CODE _____

ACCOUNT TYPE: CURRENT SAVINGS TRANSMISSION

FOREIGN ACCOUNT (Tick if applicable) COUNTRY _____

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.

Ex-spouse Details

SURNAME _____ FIRST NAMES _____

DATE OF BIRTH _____ IDENTITY NUMBER _____

RESIDENTIAL ADDRESS _____

POSTAL ADDRESS _____

TEL NO. (_____) _____ CELL PHONE NO. _____

E-MAIL ADDRESS _____

BENEFIT OPTIONS (Withdrawal and Retirement Claims ONLY)*Please refer to the **IMPORTANT NOTES** section below, before exercising an option* Pay benefit directly into my own bank account as specified above.***On retirement from a Pension Fund you are entitled to commute up to a maximum of 1/3rd (33.33%) of your retirement benefit. The exception to this rule is if your retirement benefit is less than R247 500, you are then permitted to take the full retirement benefit as a lump sum.*** 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: _____

IMPORTANT NOTES**Retirement Benefits Counselling**

You have access to Retirement Benefits Counselling prior to you deciding on the payment of your Fund benefit and before your benefit is paid to you or is transferred to another approved fund. The option(s) you exercise now may have a long-term impact on your financial well-being and you are encouraged to take the necessary steps to empower yourself to make well-informed decisions. Please contact the Fund's Administrator on 021 943 5330 or 021 943 5357, if you wish to speak to a counsellor. Alternatively, you can send your contact number and ID number via e-mail to rbc@verso.co.za and a counsellor will contact you.

Financial Advice

The Fund encourages members to constantly seek financial advice on all fund matters and particularly when benefits become payable. Please note that the Fund will not pay fees or commissions to any financial advisers.

Confidentiality

The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation.

Tax Directive

Payment will only be made on receipt of a tax directive, issued by the SA Revenue Service (SARS).

DETAILS OF ESTATE (IN THE EVENT OF DEATH)

DECLARATION

It is hereby confirmed that:

1. The information contained herein is correct.
2. I am satisfied with the information and / or counselling that I received and the benefit options available to me were disclosed and explained in a clear and understandable language.

The member 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 member.

SIGNATURE OF MEMBER _____

DATE _____

SUPPORTING DOCUMENTS REQUIRED

WITHDRAWAL: Bank Statement

RETIREMENT: Proof of identity
Bank Statement

DEATH: Original certified copies of the following documents:

- Death Certificate (BI-5 or BI-20)
- Member and Spouse's Identity document
- Marriage Certificate
- Identity documents of any other dependants
- Beneficiary Nomination Form

Disposal of Death Benefits Form

Banking Details and Addresses of Dependants/Beneficiaries