

## BENEFIT CLAIM FORM: PAID-UP MEMBER

<b>Fund name</b>	<input type="text"/>
<b>Participating Employer</b>	<input type="text"/>

### Employee / Member's Personal Details

Member number	<input type="text"/>	Employee number	<input type="text"/>
Name/s & Surname	<input type="text"/>		
Identity number	<input type="text"/>	Date of Birth	<input type="text"/>
Passport number	<input type="text"/>	Country of issue	<input type="text"/>
Address	<input type="text"/>		
Email address	<input type="text"/>	Contact number	<input type="text"/>
Tax number	<input type="text"/>		

### Banking Details *(Please attach proof of your bank account)*

Account Holder	<input type="text"/>		
Bank Name	<input type="text"/>	Account Number	<input type="text"/>
Branch Name	<input type="text"/>	Branch Code	<input type="text"/>
Type of Account:	<input type="checkbox"/> Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission
Foreign Account	<input type="checkbox"/>	Country	<input type="text"/>

### Divorce Orders

Are you aware of any Divorce Order issued by the High Court/Court of Appeal against your pension benefit in favour of a former spouse?

Yes       No

If applicable, attach the original certified copy of the completed divorce decree (if not already provided to the Fund). This Order must bind the Fund in accordance with section 7(8) of the Divorce Amendment Act 1989. Please provide full contact details of your former spouse so that the benefit payment can be made by the Fund.

### Former Spouse's Details

Name/s & Surname	<input type="text"/>		
Identity number	<input type="text"/>	Date of Birth	<input type="text"/>
Passport number	<input type="text"/>	Country of issue	<input type="text"/>
Address	<input type="text"/>		
Email address	<input type="text"/>	Contact number	<input type="text"/>
Tax number	<input type="text"/>		

**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.

Pay portion of my benefit into my own account as specified above.

Specify amount or % :

Transfer of Benefit:

Full Benefit  Portion of Benefit Specify amount or % :

**Important Notes**

**Pension Fund Members:** 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 500,00 you are then permitted to take the full retirement benefit as a lump sum.

**Provident Fund Members:** Retirement Reform Changes (known as "T-Day") came into effect on 1 March 2021. A retirement member share will consist of two portions: Vested and non-vested member benefits.

- The vested (cash) portion will contain the member share as at the end of February 2021 plus the investment return thereon going forward. When a member retires, these benefits will not be subject to annuitisation and can be taken in cash.
- The non-vested (annuitised) portion will only contain the contributions made from 1 March 2021 onwards and the returns thereon. Upon retirement, this portion will be subject to annuitisation – unless the total amount does not exceed R247, 500. In such a case, then a member can take the full amount in cash when they retire. If the non-vested portion is more than R247, 500, then a member can only take up to 1/3rd of the benefit in cash and must use the 2/3rd to purchase a pension.
- If you are 55 years or older on 1 March 2021, you will not be affected by any of these new rules – as long as you stay in the same provident fund.

Name of Fund  Type of Fund   
Financial Advisor   
Email address  Contact number

**Estate Details** *(In the event of death)*

Executor   
Email of Executor   
Contact number of Executor

**Statement**

It is hereby confirmed and ensured that the information contained herein is accurate. The Member unconditionally releases the Fund and Verso Benefits Administrator (PTY) Ltd and indemnifies the Fund and Verso Benefits Administrator (PTY) Ltd from all and any losses, damages, costs and expenses, directly or indirectly, incurred by the beneficiaries, or any other person directly or indirectly as a result of Verso Benefits Administrator (PTY) Ltds, on behalf of the Fund, by relying on information provided by the employer.

Signature of Member  Date

## **Supporting Documents Requirements**

### **Withdrawal//Retirement**

- Proof of your bank account.
- Copy of your identification documents. If it is smart identification, both sides must be copied and certified.

### **Death (Original certified copies of the following documents)**

- Death Certificate (BI-5 of BI-20)
- Copy of deceased's identification documents. If it is smart identification, both sides must be copied and certified.
- Inquest form (BI-1663 & BI-1680)
- Spouse's Identity Documents. If it is smart identification, both sides must be copied and certified.
- Marriage certificate
- Identity documents of any other dependants
- Beneficiary Nomination Form
- Proof of Banking Details, tax numbers and Addresses of Dependants/Beneficiaries
- Disposal of Death Benefits Form (form supplied by Verso)

Payment will be made solely upon receipt of a tax directive which has been issued by the South African Revenue Service (SARS).

**Note:** Verso Benefits Administrator (Pty) Ltd is committed to protecting and promoting the privacy of personal information of all data subjects as required by the Act; to give effect to the constitutional right to privacy; and to fulfil its obligations under the Act.

Please go to [www.verso.co.za](http://www.verso.co.za) to view our privacy policy (POPIA) statement.