

SANLAM UMBRELLA FUND
BENEFIT CLAIM FORM

Please indicate type of claim:		
Withdrawal claim		Please complete Sections A, B, D & E of this form
Retirement claim		Please complete Sections A, C, D & E of this form
Death claim		Please complete Section A as well as the Umbrella Fund Death claims pack

SECTION A: Member's Personal Particulars			
Participating Employer :			
Member's Initials and Surname:			
Member Number:		Fund number:	
ID Number:		Gender:	
Income Tax Number:		Marital Status:	
Member's Postal Address:			
Member's Home Address:			
Member's Cell Number:		Date of Birth:	
E-mail Address:			
Date of last contribution:		Withdrawal date:	
If above dates differ, please provide reasons:			

SECTION B: Withdrawal Claim									
Please indicate type of withdrawal:									
Resignation		Dismissal		Voluntary retrenchment		Involuntary retrenchment		Absence without employer consent	
Annual Pensionable Salary on date of withdrawal:									
Notes to employer:									
1. The member must complete point no 1 under Section E.									
2. Please attach a certified copy of birth certificate or ID Book in order for us to process the claim.									

SECTION C: Retirement Claim							
Please indicate type of retirement:							
Normal Retirement		Early Retirement		Late Retirement		Ill-Health Retirement	
Annual Pensionable Salary on date of Retirement:				Retirement date:			
Notes to employer: <ol style="list-style-type: none"> The member must complete point no 2 under Section E. Please attach a certified copy of birth certificate or ID Book in order for us to process the claim. 							

SECTION D: Claims against the Member's Benefit				
1. Divorce Order	Yes		No	
Please attach original Certified copy of the divorce court order and settlement agreement (if not already submitted)				
2. Maintenance Order	Yes		No	
Please attach original Certified Copy of the maintenance court order (if not already submitted)				
3. Prior Claim by Employer	Yes		No	
Please attach a copy of employee's written admission of liability or Court Order awarding compensation to the Employer				
4. Housing Loan / Guarantee (Collateral)	Yes		No	
Please attach document/s confirming the housing loan / collateral				

SECTION E: Member Selection and Authorisations		
1. Payment options in case of a withdrawal claim <i>(Please select <u>one</u> of the options below)</i>		
Pay full benefit in cash (You are entitled to receive this benefit in the form of a lump sum payment in cash and the benefit will be subject to tax).		
Transfer full benefit to another pension or provident fund / Retirement Annuity Fund (Please provide details of the receiving fund where the benefit should be transferred to).		
Transfer full benefit to a Preservation Fund (Please provide us with a copy of the application or policy document and contact details of receiving fund).		
Pay a portion of the benefit in cash and transfer the remainder to a Preservation fund / Retirement Annuity Fund (Please provide details of the receiving fund where the portion of the benefit should be transferred to).	Indicate the % or R amount to be paid in cash	
Paid-up pension		
No payments options instructions available yet		

2. Payment options in case of a retirement claim (Please select <u>one</u> of the options below)			
Pay full benefit in cash (Provident Funds ONLY)			
Transfer full benefit to purchase a compulsory annuity (Please provide a copy of the application or policy document and contact details of receiving insurer)			
Pay a portion of the benefit in cash and the remainder to a compulsory annuity. In case of a pension fund, the maximum cash portion is one-third. (Please provide a copy of the application or policy document and contact details of receiving insurer)			Indicate the % or R amount to be paid in cash
No payments options instructions available yet			
3. Member's banking details: (no payment can be done to a 3rd party)			
Name of account holder:		Branch code:	
Name of bank:		Account number:	
Please indicate type of account: (copy of bank statement is required)			
Current account:		Savings account:	<ul style="list-style-type: none"> - Payments cannot be done to Credit card accounts - Payments cannot be split into different bank accounts
4. Declaration by member			
<p>I the undersigned member hereby confirm that:</p> <ul style="list-style-type: none"> - The information given herein is true and correct, - I am the account holder on the abovementioned bank account, - I have received a copy of the relevant information brochure and all the options have been explained to me; - I instruct and authorise Sanlam to pay all monies due in accordance with my instructions above, - I understand that upon payment in terms of my above instructions, the Fund will have no further liabilities in respect of me. 			
Member's Signature _____		Date _____	
5. Declaration by employer representative			
<p>I the undersigned representative of the employer hereby certify that:</p> <ul style="list-style-type: none"> - All particulars furnished in this form and accompanying documentation are true and correct, and - The options in terms of the Rules of the Fund have been fully explained to the member, - The signature above is that of the aforementioned member and I have verified all the information provided. 			
Signed on behalf of Employer _____		Full Name _____	
Designation _____		Date _____	

Please e-mail the completed documentation to: sanlamumbrellafund@seb.sanlam.com or
 Fax to: 086 613 5040

Please indicate your Fund Reference Number in the subject line.