

Sanlam Unity Umbrella Fund

Benefit claim form

Withdrawal claim ☐ Complete Sections A, B, C & E
 Retirement claim * ☐ Complete Sections A, B, D & E
 Death claim ☐ A separate death claim form must be completed (you may find the form on <https://www.sanlam.co.za/corporate/retirement/Pages/forms.aspx>)

* Retirement Reform Changes (known as "T-Day") came into effect on 1 March 2021. This means that from 1 March 2021, your member share will consist of two portions: a vested member share and a non-vested member share. The vested member share reflects all your savings as at 28 February 2021 (plus interest thereon). The non-vested member share reflects all your savings from 1 March 2021 (plus interest thereon). Please refer to the T-Day Member Alert attached to this form for more information.

The fund is not able to pay your benefit due to you from the fund, until you have made a decision and inform them of your decision. Furthermore, the fund is obliged to provide you access to retirement benefits counselling to assist you with making a decision. The Sanlam Umbrella Fund offers telephonic support by retirement benefits councillors to help members through this process. Contact IMS Toll free phone number: 0800 111 956 / E-mail address: IMS@sanlam.co.za / Free SMS number: 38300 / Telephone number for members outside of South African borders: +27 21 916 6499.

A. Member's personal particulars

Participating employer			
<input style="width: 100%;" type="text"/>			
Title and initials	Full names and surname		
<input style="width: 150px;" type="text"/>	<input style="width: 600px;" type="text"/>		
ID nr / Passport nr	Date of birth	Income tax number	Member number
<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Contact number (home)	Contact number (cell)		
<input style="width: 350px;" type="text"/>	<input style="width: 350px;" type="text"/>		
E-mail address			
<input style="width: 800px;" type="text"/>			
Home address			
<input style="width: 800px;" type="text"/>			
			Code
<input style="width: 800px;" type="text"/>			
Postal address			
<input style="width: 800px;" type="text"/>			
			Code
<input style="width: 800px;" type="text"/>			

Banking details (to be completed if you are taking the full benefit or a portion of the benefit in cash):

Name of bank	Account holder	Account number	Branch code
<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Savings <input type="checkbox"/>	Cheque <input type="checkbox"/>	Transmission <input type="checkbox"/>	

Please note the following:

- ⦿ Payments cannot be made to credit card or bond accounts
- ⦿ Payments cannot be made to a third party
- ⦿ Payments cannot be split into different bank accounts

B. Claims against the member's benefit

1. Housing Loan Surety

(Sanlam will request the final settlement amount from the relevant financial institution)

Yes ☐ No ☐

2. Amount owing to employer

(The only amounts that may be deducted are housing loans/guarantees or damages as a result of theft, fraud, dishonesty or dishonest misconduct. Please attach the original certified copy of the court order obtained against the member or the signed acknowledgement of liability)

Yes ☐ No ☐

C. Withdrawal claim

Resignation ☐ Dismissal ☐ Retrenchment ☐

Withdrawal date

Last contribution date

If last contribution date differs from exit date, please provide reason

Please select one of the payment options below:

1. Leave entire benefit in the Fund (In-Fund preservation/paid-up member)

☐

- ☐ Please complete the separate instruction form (Annexure A)
- ☐ If the completed form (Annexure A) is not received, the benefit remains invested in the current portfolio and we will not be able to complete this request
- ☐ Members with outstanding housing loan guarantees or any amount owing to their employer cannot leave their benefit in the Fund

2. Transfer full benefit to the Sanlam Plus Preservation Fund

☐

(Please complete the attached application form for the Sanlam Plus Preservation Fund (Annexure B))

3. Pay a portion of the benefit in cash and transfer the balance to the Sanlam Plus Preservation Fund

☐

(Please complete the attached application form for the Sanlam Plus Preservation Fund (Annexure B))

Indicate the % or R amount to be paid in cash:

The % or R amount will be the gross amount before tax)

%

R

4. Transfer full benefit to a Pension Fund, Provident Fund, Retirement Annuity Fund or a Preservation Fund

☐

(Please provide the application forms of the applicable receiving fund separately)

5. Pay a portion of the benefit in cash and transfer the balance to a Pension Fund, Provident Fund, Retirement Annuity Fund or a Preservation Fund

☐

(Please provide the application forms of the applicable receiving fund separately)

Indicate the % or R amount to be paid in cash:

The % or R amount will be the gross amount before tax)

%

R

6. Pay full benefit in cash (The benefit will be subject to tax)

☐

7. No payment instructions available yet

☐

D. Retirement claim

Normal

☐

Early

☐

Late

☐

Ill-health

☐

Retirement date

Last contribution date

If last contribution date differs from exit date, please provide reason

Please select one of the payment options below:

1. Leave entire benefit in the Fund (Phased Retiree)

- Ⓢ Please complete the separate instruction form (Annexure A)
- Ⓢ If the completed form (Annexure A) is not received, the benefit remains invested in the current portfolio and we will not be able to complete this request
- Ⓢ Members with outstanding housing loan guarantees or any amount owing to their employer cannot leave their benefit in the Fund

2. Receive an in-fund annuity with the Fund

- Ⓢ This option is only available if the Fund rules make provision for it
- Ⓢ Please complete the Fund's separate instruction form (Annexure A)

3. Pay a portion of the benefit in cash and use the balance to:

- a) receive an in-fund annuity with the Fund (Annexure A)
- b) receive an out-of-fund annuity (this may be your Fund's chosen annuity or any other annuity). Contact IMS for more information on the types of annuities offered by the Sanlam Umbrella Fund.
 - Ⓢ Your **vested member share** (all your savings as at 28 February 2021 plus interest thereon) may be taken in cash.
 - Ⓢ Your **non-vested member share** (all your savings from 1 March 2021 plus interest thereon) - if the benefit is less than R247 500, you may take the full benefit in cash. If the benefit amount is more than R247 500, then only one-third of the benefit can be taken in cash. The balance must be used to buy a pension.
 - Ⓢ Please provide the application forms of the applicable receiving Insurer separately

Indicate the % or R amount to be paid in cash:

(The % or R amount will be the gross amount before tax)

OR

Indicate the R amount to be transferred:

%

%

or

or

R

R

R

R

4. Transfer full benefit to receive an out-of-fund annuity

- Ⓢ This may be your Fund's chosen annuity or any other annuity
- Ⓢ Please provide the application forms of the applicable receiving Insurer separately

5. Pay full benefit in cash (The benefit will be subject to tax)

- Ⓢ Please refer to the T-Day Member Alert attached to this form for more information.
- Ⓢ Your benefit statement indicates the amounts in your vested and non-vested member shares.

6. No payment instructions available yet

E. Declarations

1. Declaration by the member

I, the undersigned member, hereby confirm that:

- The information given herein is true and correct.
- I am the account holder of the bank account provided.
- I have received a copy of the attached information brochure on leaving a fund and all the options have been explained to me.
- I instruct and authorise Sanlam to pay all monies due to me 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.

Disclaimer:

Personal Information (PI) requested in this form is mandatory for operational and administrative processes, and to comply with regulatory requirements. If the mandatory information is incomplete, your request may not be processed. Sanlam Life Insurance Limited will take reasonable steps to ensure that the PI collected on this form is processed responsibly, kept safe and confidential, and does not unjustifiably infringe your privacy. You can read the Sanlam Privacy Notice on <https://www.sanlam.com/legal/pages/sanlams-privacy-policy.aspx>; it can be sent to you on request. You can update your contact details by registering and logging onto our member portal here: <https://cp.sanlam.co.za> or email: SCClientCare@sanlam.co.za or call: 086 122 3646.

Member's Signature

Date

2. Declaration by the employer (or tracing agent in case of an unclaimed benefit)

I, the undersigned representative of the employer, hereby certify that:

- All particulars furnished in this form and accompanying documentation are true and correct.
- The options in terms of the Rules of the Fund have been fully explained to the member.
- A copy of the attached brochure has been given to the member and all the options have been explained.
- The signature above is that of the aforementioned member and I have verified all the information provided.

COMPANY STAMP

Signed at _____ on _____ ccyy _____

Capacity

Name

Signature

Please e-mail the completed documentation to: UnityUmbrellaFund@sanlam.co.za