



## JUST RETIREMENT - ENHANCED ANNUITY QUOTE REQUEST

### YOUR PERSONAL DETAILS

Full name:

Date of birth:  D  D  M  M  Y  Y  Y  Y ID number:

Gender:  Mobile number:

Email address:

### YOUR PERSONAL DETAILS

Spouses name:

Date of birth:  D  D  M  M  Y  Y  Y  Y ID number:

Gender:  Mobile number:

### ANY OTHER DEPENDENTS

Name of dependent 1:  Age:  Date of birth:  D  D  M  M  Y  Y  Y  Y

Details of dependency:

Name of dependent 2:  Age:  Date of birth:  D  D  M  M  Y  Y  Y  Y

Details of dependency:

Name of dependent 3:  Age:  Date of birth:  D  D  M  M  Y  Y  Y  Y

Details of dependency:

### ANNUITY / PENSION INCOME DETAILS

**Amount to be used to buy annuity/income**

Unicover fund  R

\*Any other funds  R

**Total available**  R

\* If you do have another retirement annuity that you would like to add to your Unicover Retirement Savings, this can also be included in order to enhance your income amount in retirement.

### SELECTED GUARANTEE TERM (PLEASE SELECT ONE OPTION)

None  10 YEARS  15 YEARS  20 YEARS

This guarantee term represents the minimum number of years that the pension will pay for. (it applies from your date of retirement).

- If selected, this guarantee applies even in the event of your death.
- If you have selected a pension for both you and your spouse, it applies even if both you and your spouse pass away.



MEDICAL & LIFESTYLE ENHANCEMENT

When we calculate the amount of income that you will be able to receive as a pension each month, we can also take a number of health and lifestyle factors into account which may improve the income.

Please confirm if you would like one of the Just Life - Lifestyle and Medical assessors to contact you with regards to the above. They will take you through a number health and lifestyle questions that are considered important and you could stand to benefit by an improvement of as much as 30% in your income.

PLEASE INDICATE ACCORDINGLY

YES  I would like someone to contact me

NO  I do not want anyone to contact me

Please note that the lifestyle and medical assessment process can only result in an increase in the amount of income you are likely to receive (not a decrease).

PLEASE TELL US WHAT TIME IS THE BEST FOR US TO CALL YOU

PREFERRED	ALTERNATIVE 1	ALTERNATIVE 2
DAY _____	DAY _____	DAY _____
TIME _____	TIME _____	TIME _____

PLEASE PROVIDE CONTACT NUMBER

PREFERRED <input type="text"/>	ALTERNATIVE <input type="text"/>
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If applicable, please tell us what time is the best for us to call your spouse:

PREFERRED	ALTERNATIVE 1	ALTERNATIVE 2
DAY _____	DAY _____	DAY _____
TIME _____	TIME _____	TIME _____

PLEASE PROVIDE CONTACT NUMBER

PREFERRED <input type="text"/>	ALTERNATIVE <input type="text"/>
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I, there undersigned, confirm that to the best of my knowledge, the information provided by me in this document is as true and accurate reflection of my requirements.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE:





## PROTECTION OF PERSONAL INFORMATION

In order to provide administration and other services related to your retirement fund membership and benefits, it is necessary for Evolution Corporate Benefits to collect, process and store some of your personal information. This may also include sharing your information with third-party providers that form part of the service value chain, as well as the office of the South African Revenue Services.

Amongst other reasons, the sharing of information will be for the following purposes:

- Medical Underwriting
- Assessing and processing of claims
- Verification of Bank details for claims payments
- Beneficiary tracing
- Audit and Record Keeping
- Fraud Prevention and detection
- Compliance Monitoring
- Verifying your identity

Personal Information will only be released to a third-party where the release of such information is critical to the services that Evolution provides to you as a member or former member of the fund. Evolution will not release or disclose your Private Information to any other party unless required to do so by Law.

Where you have provided Evolution with personal information of a third party (for example beneficiary details), please ensure that such third party has given you consent to provide us with their personal information and that you both agree to the processing of such personal information.

Please be assured that Evolution Corporate Benefits is committed to protecting your privacy and ensuring that where necessary for us to collect, store and process your information, it will be done properly, lawfully and in a transparent manner.

To view our full Privacy Notice, please log onto [www.evolutiongroup.co.za](http://www.evolutiongroup.co.za).

By signing this form, you confirm acceptance of the term set out above as well as the additional details set out in our Privacy Policy.

If you do have any concerns or objections regarding above, please do not hesitate to contact us on [privacy@evolutiongroup.co.za](mailto:privacy@evolutiongroup.co.za).

You may access your personal information that we hold and may also request us to correct any errors or to delete this information and in certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:

Website [justice.gov.za/inforeg/index.html](http://justice.gov.za/inforeg/index.html)  
Tel 012 406 4818  
Fax 086 500 3351  
Email [inforeg@justice.gov.za](mailto:inforeg@justice.gov.za)