





WITHDRAWAL BENEFIT CLAIM FORM

TO BE COMPLETED IN THE EVENT OF AN EMPLOYEE'S RESIGNATION, RETRENCHMENT OR DISMISSAL.

PARTICIPATING EMPLOYER BUSINESS DETAILS (please complete in full)

| Name of employer | | | | | | | | | | | | |
|------------------|------|--|-----|--|--|--|--|--|--|--|--|--|
| Telephone number | Code | | No. | | | | | | | | | |
| Email address | | | | | | | | | | | | |
| Contact Person | | | | | | | | | | | | |

MEMBER'S PERSONAL DETAILS (please complete in full)

| Title | | | | | | Su | ırnan | ne | | | | | | | | | | | | | | | | | | |
|----------------------------|--|------|---------|-------|--------|--------|-------|-------|-------|---|--|---|-----|--|--|------|-------|-----|---|----|----|---|---|---|---|---|
| First names | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RSA ID | | | | | | | | | | | | | | | | Date | of bi | rth | D | D | М | Μ | Υ | Υ | Y | Y |
| Income tax number | | | | | | | | | | | | | | (compulsory where member has worked in South Africa) | | | | | | | | | | | | |
| Passport number | | | | | | | | | | | | | | (Only if no South African ID number is available) | | | | | | | | | | | | |
| Country of issue | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone number* (H | lome) | С | ode | | | | | | | | |] | No. | | | | | | | | | | | | | |
| Cellphone number | | С | ode | | | | | | | | | | No. | | | | | | | | | | | | | |
| Email address* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | * Insert the details where the member will be contactable after leaving this employer. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential address | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unit number | | | | | | Сс | mple | x nai | me | | | | | | | | | | | | | | | | | |
| Street number | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street name | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City/Town | | | | | | | | | | | | | | | | | | | | Сс | de | | | | | |
| Postal address (com | plete | only | if diff | erent | t from | n resi | denti | al ad | dress |) | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | Сс | de | | | | | |



WITHDRAWAL BENEFIT CLAIM FORM

| 20/5 | |
|------|--|
| | |

| MEMBER EXIT DETAILS |
|---|
| Date of withdrawal D D M Y Y Y Final contributing month |
| REASON FOR WITHDRAWAL (please select one) |
| Resignation Retrenchment Dismissal |
| Are there any outstanding housing loans Are there any prior claims by the employer |
| Is there an outstanding divorce order against the member's benefit |
| MEMBER REMUNERATION DETAILS |
| Annual pensionable salary at date of exit R |
| GROSS annual taxable salary at date of exit R |
| DECLARATION BY PARTICIPATING EMPLOYER |
| I, the undersigned, |
| hereby certify that all particulars furnished in this form and accompanying documentation are true and correct. |
| |
| Signed on behalf of employer |
| Designation COMPANY STAMP |
| Date D D M M Y Y Y Y |
| DOCUMENTATION REQUIRED |

- Fully completed withdrawal benefit claim from
- Copy of member's ID book/passport
- · For cash payments please provide proof of member's banking details (cancelled cheque, copy of bank statement or a letter from the bank)

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
 Varification of Dank datails for 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**.

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.**

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 Tel 012 406 4818 Fax 086 500 3351 Email inforeg@justice.gov.za







BENEFIT OPTIONS WHEN LEAVING YOUR EMPLOYER

When you resign from your employer, are retrenched or dismissed, your membership of the Retirement Fund comes to an end. At that point, the total retirement savings that have built up within the fund become due to you and there are a number of options available as to what you can do with the benefit. These include:

1. You can leave your Retirement Savings **PAID-UP** within the fund.

Leaving benefits **PAID-UP** will preserve your retirement savings within the fund and allows them to continue growing until such time as you choose to claim the benefits at a future date decided by you.

- 2. You can transfer your retirement saving to another approved fund including either your new employer retirement fund OR an alternative Preservation Fund or Retirement Annuity Fund. (this will normally be done with the assistance of a financial adviser)
- 3. You may elect to take the benefit in cash.
- 4. You may select a combination of 2 & 3 above.

<u>PLEASE NOTE:</u> IF YOU DO NOT MAKE AN ELECTION WITH RESPECT TO THE ABOVE WITHIN 120 DAYS OF LEAVING YOUR EMPLOYER, YOUR BENEFIT WILL AUTOMATICALLY BECOME PAID-UP.

DID YOU KNOW

Did you know that only about 6 out of 100 South Africans Retire Financially independent with enough money to enjoy a comfortable and dignified retirement?

The rest of South Africans are left to either rely on the State Old Age Pension, family and friends, OR they simply have to carry on working.

By choosing to preserve your benefit when you change jobs, you can make a big difference to your long-term financial wellbeing and also give yourself a better chance of achieving financial independence in retirement.

BENEFITS OF BECOMING A PAID-UP MEMBER

Leaving your benefits PAID-UP within the **fund** provides you with an effortless and cost-effective way to preserve your retirement savings for the future.

If your benefit becomes **PAID-UP**, no further contributions will be payable, and your money will remain invested up until such time as you provide us with an instruction to either pay the benefit out in cash, transfer it to another approved fund or until you retire and elect to receive your savings as a retirement benefit.

TAX ON PAID-UP BENEFITS

There will be no tax payable on your benefit when it becomes **PAID-UP**. Tax only becomes payable when you elect to take your benefit out of the fund.

PAID-UP MEMBERS

If you need more detailed information on how the **PAID-UP** benefit option works, please contact Evolution Corporate Benefits OR your Employer HR/Payroll department. Or logon to www.unicover.co.za go to **PAID-UP & DEFERRED** members.

ELECTING TO TAKE CASH WHEN YOU LEAVE THE FUND

If you are thinking about taking your retirement fund benefits in cash, please consider the following:

- When you take cash from a retirement fund, you will most likely be require to pay tax on the benefit. That tax payment is money that you will never get back from the Receiver of Revenue again.
- If however, you leave your money as **PAID-UP** within the Fund, or transfer it to another approved fund, there is a good chance that there will be no tax payable.
- Experience shows, money that members take in cash normally gets spent fairly soon after they leaves the fund. It is important to remember that these savings are intended for retirement purposes, and once spent, will be very difficult (if not impossible) to make up again.

DO YOU WANT ADVICE REGARDING YOUR RETIREMENT BENEFITS?

The purpose of **offering a PAID-UP benefit option**, is to help members preserve their hard-earned retirement saving for later in life.

The Trustees of the Unicover Retirement Funds have aimed to ensure that benefits can be made **PAID-UP** at the lowest possible cost, that your money is invested in an appropriate way, and that you should not need financial advice in order to make your benefits **PAID-UP**, all of which makes the process even more cost effective.

If however you do feel that you need more detailed Financial Advice regarding your retirement savings and related benefits, please speak to your financial adviser OR contact Evolution Corporate Benefits (Pty) Ltd. One of our qualified financial advisers will be able to assist you.

CONTINUING YOUR LIFE AND DISABILITY COVER

If you are interested in continuing with your Insured Death and Disability Benefits in your personal capacity, please check whether your employer fund offers this option.

If you have been a member of your employer fund for more than 12 months and the option is available, you will be able to convert the cover that you enjoy as a member of the fund into a personal policy. If you are interested, please speak to your financial adviser OR contact Evolution Corporate Benefits (Pty) Ltd. One of our qualified financial advisers will be able to assist you.

PLEASE NOTE: THIS BENEFIT IS NOT AVAILABLE ON RETRENCHMENT.





THE FOLLOWING SECTION IS TO BE COMPLETED BY THE MEMBER.

BENEFIT PAYMENT OPTIONS

| | For further assistance r | regardin | g thes | se oj | ptio | ns p | leas | e cor | ntaci | t one | ofo | our fi | nan | cial | advi | sors | | | | | | | | | |
|----|---|--|-------------------------------|--------------------------|-------------------------|--------------------------|---------------------------|----------------------------|-------------------------|--------------------------|--------------------------|------------------|-------------------|--------|---------------------------|--------|-------------------------|---------------------------|----------------|------------------|------------------|--------|--------|---------|------|
| | BENEFIT OPTIONS - PL | EASE SI | ELECT | | EO | F TH | ESE | OPT | ION | s | | | | | | | | | | | | | | | |
| 1. | Leave my retiremen | nt savings | s in the | e Uni | cove | er Fur | nd as | a Pa | id-U | o Ben | efit. | (see | page | e 3 fo | r furt | her e | expla | natic | on) | | | | | | |
| 2. | Transfer full benefit | t to anoth | ner app | orove | ed Fi | und. | (Plea | ise at | tach | a cop | by of | the p | ropo | osal/ | appli | catio | n for | 'm.) | | | | | | | |
| | Full name of fund | | | | | | | | | | | | | | | | | | | | | | | | |
| | Insurance company / Adm | inistrator | name | | | | | | | | | | | | | | | | | | | | | | |
| | Contact person's name | | | | | | | | | | | | | | | | | | | | | | | | |
| | Contact person's telephone number | | | | | | | | | | | | | | | | | | | | | | | | |
| | Contact person's email add | dress | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Part Cash / Part Transfer Insert Cash Amount or percentage required to be encashed, and complete the Bank Details for Payment of Cash section below. Please note: Cash benefits requested will be reduced by any tax payable on the amount. | | | | | | | | | | | | | | | | | | | | | | | | |
| | R OR % | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Transfer the remainder of the benefit to another approved Fund (including a Preservation Fund). Attach copy of proposal or application form. Full name of approved fund | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Contact Person | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4. I wish to receive the full benefits in cash. (For cash payment: Please complete the Bank Details for Payment of Cash section below.) | | | | | | | | | | | | | | | | | | | | | | | | |
| | Please note: Any cash amount requested will be reduced by any tax payable on it. | | | | | | | | | | | | | | | | | | | | | | | | |
| | CONVERSION OPTION (if selected by your employer as an option) | | | | | | | | | | | | | | | | | | | | | | | | |
| | Do you wish to utilise the conversion option in respect of your YES NO | | | | | | | | | | | | | | | | | | | | | | | | |
| | Insured Group Life or Di Please speak to one of t | - | | | | - | | | | | this r | egaro | - d hov | vevei | r plea | ise no | ote th | nat vo | ou on | ily ha | ve 60 |) dav | s fror | n dat | e of |
| | resignation to exercise t For additional informatio Questions) FAQ | | | can b | ene | fit fro | om a | CON | VERS | ION (| OPTI | DN, p | lease | e refe | er to v | www | .unic | over.c | co.za | (go t | o Fre | equer | ntly A | sked | |
| | _ | | | | | | | | | | | | | | | | | | | | | | | | |
| | В | ANK [| DETA | | S F | OR | PA | YME | ΕΝΤ | OF | = C/ | ۱SF | | | | | | | | | | | | | |
| | Name of account holder | | | | | | | | | | | | | | | | | | | | | | | | |
| | Name of bank | | | | | | _ | | | | Na | me o | f bra | inch | | | | | | | | | | | |
| | Account number | | | | | | _ | | | | | | | | Bank | brar | nch c | ode | | | _ | | | | |
| | Type of account | Che | eque | | | Sav | ings | | | | | | | | | | | | | | | | | | |
| | Note: We regret that payn | nent by c | heque | is no | ot all | lowe | d. | | | | | | | | | | | | | | | | | | |
| | | ECLA | RATI | ON | I B' | ΥM | ΕM | BEF | 2 | | | | | | | | | | | | | | | | |
| | The details provided here I understand the options In the event of any loss si for such losses. I acknowledge that my b payment instruction. The | available uffered as enefit will | to me v a resul be disi | with It of a inves | rega any i sted a | rds to ncorr and h | o the rect d eld ir | paym letails n the t | ient o prov funds | of my rided s bank | bene hereii (acco | n, nei ount u | ther f until s | the fu | und ne time a ately | or Ev | olutic ymen icted | on Co It of t in wr | he be iting | enefit not to | is ma o disii | nde in | term | ns of r | ny |
| | | | | | | | | | | | | | | | | | | | - | - • | | - | * | * | - |



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