



BENEFIT CLAIM FORM PAID-UP AND DEFERRED MEMBERS

PLEASE SELECT THE RELEVANT OPTION BELOW

Withdrawal claim Complete section A, B, D and E

Retirement claim Complete section A, C, D and E

A: MEMBER'S PERSONAL DETAILS (please complete in full)

Title and initials Surname

Full names

RSA ID Date of birth

D	D	M	M	Y	Y	Y	Y
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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* (Home) Code No.

Cellphone number Code No.

Email address*

Residential address

Unit number Complex name

Street number

Street name

Suburb

City/Town Code

Postal address (complete only if different from residential address)

Code



B: WITHDRAWAL BENEFIT CLAIM (Before normal retirement age)

MEMBERS MAY WITHDRAW AT ANY TIME UP TO AGE 70 YEARS, WHEREAFTER A RETIREMENT BENEFIT BECOMES APPLICABLE

PLEASE SELECT THE RELEVANT OPTION BELOW:

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

Please provide details of the receiving insurer/fund Name of administrator

Name of receiving fund

Name of contact person Telephone number of contact person

e-mail address of contact person

2. **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 details of the receiving fund separately

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

Name of transferring fund

Name of contact person Telephone number of contact person

e-mail address of contact person

3. **Pay full benefit in cash**

(The benefit will be subject to tax)

C: RETIREMENT BENEFIT CLAIM (Options must be elected in terms of the rules of the Fund)

BENEFIT PAYMENT OPTION (select ONE only)

Full Annuity

Cash of % or R **(max. one-third in respect of Pension Fund) of the total available benefit and the balance to an annuity**

Annuity to be purchased from a Registered Insurer (please complete the table below and **attach copies of the application/proposal form(s)**).

Details of annuity provider, please complete the following:

Name of annuity product

Percentage of total Benefit to be applied to this product %

Name of Registered Insurer

Contact name	Contact number	Address

D: FOR CASH PORTION (If applicable)

Banking details

Name of bank

Account holder

Account number Branch code

Savings Cheque Transmission





E: DECLARATIONS BY THE MEMBER

I, the undersigned member, hereby confirm that:

- The information given herein is true and correct.
- I am the account holder on the above-mentioned bank account.
- I instruct and authorise Evolution 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.

Member's Signature

Date

D	D	M	M	Y	Y	Y	Y
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F: SUBMITTING YOUR CLAIM

- Please submit your fully completed claim form to myretirement@unicover.co.za or Fax to (021) 551 2141.
- Please provide the following documents along with your claim form.
 - Copy of your ID Book (certified copy)
 - Proof of Banking Details (certified copy)

PLEASE NOTE THAT BENEFIT PAYMENTS CANNOT BE MADE TO A THIRD PARTY