



## SAVINGS WITHDRAWAL BENEFIT CLAIM FORM

TO BE COMPLETED IN THE EVENT OF A SAVINGS WITHDRAWAL BENEFIT CLAIM

### 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  Surname

First names

RSA ID  Date of birth 

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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



# SAVINGS WITHDRAWAL BENEFIT CLAIM FORM



THE FOLLOWING SECTION IS TO BE COMPLETED BY THE MEMBER.

## BENEFIT DETAILS

### AMOUNT OF SAVINGS WITHDRAWAL BENEFIT CLAIM

R

**\* NOTE:**

- Minimum of R2 000.
- This amount is subject to taxation.
- Any arrear tax will be deducted.
- Processing fee will be deducted.

**OR**

%

## BANK DETAILS FOR PAYMENT OF CASH

Name of account holder

Name of bank  Name of branch

Account number  Bank branch code

Type of account  Cheque  Savings

## DECLARATION BY MEMBER

- The details provided herein, in particular my banking details, are true and correct.
- I understand the options available to me with regards to the payment of my benefit, including the tax implications.
- In the event of any loss suffered as a result of any incorrect details provided herein, neither the fund nor Evolution Corporate Benefits can be held liable for such losses.
- I acknowledge that my benefit will be disinvested and held in the funds bank account until such time as payment of the benefit is made.

Member's signature

Date

## 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

Date

COMPANY STAMP

## DOCUMENTATION REQUIRED

- Fully completed savings withdrawal benefit claim from
- Copy of member's ID book/passport
- Proof of member's banking details not older than 3 months (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
- 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)