



RETIREMENT NOTIFICATION

- This form is to be completed by the retiring Member's Employer and signed by both Employer and Member.
- Copy of the retiring Members I.D. document must accompany this notification.
- Please provide your completed retirement notification to your HR/payroll representative for onward submission to the administrator, alternatively please e-mail your documentation to EAdmin@srf.sygnia.co.za.

Name of Fund

Name of Employer

PARTICULARS OF RETIRING MEMBER

Full name

Gender

Fund membership or Company number (if applicable)

Date of birth

y

y

y

y

m

n

d

d

Identity Number

Income tax reference no.

Office

Postal address

Code

Residential address

Code

Telephone number

Cell number

e-mail address

Date of Retirement

y

y

y

y

m

m

d

d

Annual salary for Fund purposes at date of retirement

R

BANKING DETAILS

Name of bank

Branch name

Branch code

(banks only and comprising 6 digits)

Account number

SPOUSE'S DETAILS

Full name

Gender

Date of birth

Identity Number

PRESERVATION

A retiring member can choose to preserve their benefit within the fund until a later date. The member will be required to complete another retirement notification form when the member chooses where to take the retirement benefit. If a member elects to preserve their benefit no cash lump sum can be taken until such

GALLET RETIREMENT FUND ADMINISTRATORS (PTY) LTD

A member of the Sygnia Group of Companies

Registration No. 1967/008174/07 VAT No. 4550120770 FSP No. 5538 13B Licence No. 24/80

CAPE TOWN: 7th Floor The Foundry Cardiff Street Green Point Cape Town 8001 • PO Box 51591 Waterfront 8002

Tel: +27 (0)21 446 4940 • Fax: 0866 786 130 • info@sygnia.co.za • www.sygnia.co.za

JOHANNESBURG: Unit 40 6th Floor Katherine and West Building West Street Sandton 2196 • PO Box 51591 Waterfront 8002

Tel: +27 (0) 10 595 0550 • Fax: 0862 065 173 • www.sygnia.co.za • info@sygnia.co.za

time as the member elects where to take the full retirement benefit.

Please indicate if you wish to preserve your benefit within the fund until a later date Yes No

PENSION FUND

The retiring Member may commute up to 1/3rd of the retirement benefit for cash (subject to tax) and the remaining 2/3rds must be used to purchase a compulsory annuity with an approved assurer.

Please indicate if a 1/3rd commutation is required by the retiring member Yes No

If a commutation of less than 1/3rd is required please state the rand amount

PROVIDENT FUND

The retiring Member may take the full retirement benefit in cash (subject to tax) or may purchase a voluntary annuity with an approved assurer

Please indicate if any portion of the retirement benefit is to be used to purchase a Voluntary annuity Yes No

If yes please provide details below.

COMPULSORY / VOLUNTARY ANNUITY DETAILS (if applicable)

Name of the receiving approved annuity fund (delete which is not applicable) to which the benefit is to be transferred

Please provide details of the receiving fund's Administrators, Insurer or Broker to enable the existing Fund's Administrators to make contact and process the necessary formalities

Administrator / Broker

Contact person

Telephone number

e-mail address

RETIRING MEMBER'S DECLARATION

I, confirm that I am retiring from the abovementioned Fund as at (Date)

y y y y m m d d (Date)

Signed

Date

EMPLOYER'S DECLARATION

I, the undersigned in my capacity as (designation) of (name of Employer)

hereby declare that to the best of my knowledge and belief the particulars reflected on this form are true and correct.

Signed

Date

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