



WITHDRAWAL NOTIFICATION TO BE COMPLETED BY MEMBER

- This form must be completed by the withdrawing Member before any benefit will be paid.
- Please provide your completed withdrawal notification to your HR/payroll representative for onward submission to the administrator, alternatively please e-mail your documentation to EBAdmin@srf.sygnia.co.za.

Name of Fund	
Name of Employer	

COPY ID & PROOF OF BANKING DETAILS TO BE ATTACHED TO THIS FORM
WITHDRAWAL PAYMENT WILL NOT BE MADE WITHOUT THESE DOCUMENTS

PARTICULARS OF WITHDRAWING MEMBER – PLEASE PRINT CLEARLY

First name		Surname		Gender													
Marital Status	Single	Married	Divorced														
(If divorced whilst a member of the Fund and the court has awarded your ex spouse a portion of the benefit please attach a copy of the signed and stamped divorce order.)																	
Fund membership or Company number (Compulsory)																	
Date of birth	y	y	y	y	m	m	d	d	Identity Number								
Income tax reference no. (compulsory)				Office (if applicable)													
Postal Address				Residential Address													
				Code													
Personal Email Address																	
Telephone number at which former Member may be reached during office hours																	
Name of banking / building society																	
Branch name			Branch code (banks only and comprising 6 digits)														
Account number																	
Date employed	y	y	y	y	m	m	d	d	Date left Service	y	y	y	y	m	m	d	d
Reason for withdrawal (please mark appropriate box):																	
Resignation				Retrenchment - Voluntary				Retrenchment – non voluntary									
Dismissal				Other - please specify:													
Annual salary for Fund purposes at date of withdrawal										R						p.a.	
Annual salary for tax purposes at date of withdrawal										R						p.a.	

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

PAYMENT OF BENEFIT / OPTIONS

I select that my benefit is to be paid in the following manner (please mark appropriate box/es):

Electronic Bank Transfer of the "Cash Benefit" (after settlement of any tax due) to be paid directly either into my bank account specified overleaf, (in terms of the Rules benefits can only be paid into a member's bank account)

OR:

Preserve the benefit by either (choose one of the options as noted below)

retaining the benefit in the existing Fund (**only** if allowed by your Fund's Rules), or

transferring the value of the benefit out of the existing Fund, to another approved fund specified below (Transfer/Preservation Fund details)

I wish to exercise the death / disability continuation option

Yes

No

N/A

TRANSFER / PRESERVATION FUND DETAILS (if applicable)

Name of the receiving approved pension/ provident / retirement annuity fund (delete which is not applicable) to which the benefit is to be transferred:

NAME:

Please attach a copy of the signed application form.

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

UNCLAIMED / NON RETURN OF THIS FORM TO THE ADMINISTRATOR

Should the member not return this form, completed in full, to the Administrators, after a period of 24 months the benefit will be treated as an unclaimed benefit.

MEMBER'S DECLARATION

I, the undersigned 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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**WITHDRAWAL NOTIFICATION
TO BE COMPLETED BY EMPLOYER**

- This form must be completed by the Employer **in full** indicating the withdrawal of a member from the Fund
- COPY ID & PROOF OF BANKING DETAILS TO BE ATTACHED TO THIS FORM. WITHDRAWAL PAYMENT WILL NOT BE MADE WITHOUT THESE DOCUMENTS.

Name of Fund
Name of Employer

PARTICULARS OF WITHDRAWING MEMBER – PLEASE PRINT CLEARLY

First name					Surname					Gender							
Fund membership or Company number (if applicable)																	
Date of birth	y	y	y	y	m	m	d	d	Identity Number								
Income tax reference no. (Compulsory)						Office (if applicable)											
Postal Address					Residential Address												
					Code							Code					
Telephone number at which former Member may be reached during office hours																	
Name of banking / building society																	
Branch name					Branch code (banks only and comprising 6 digits)												
Account number																	
Date employed	y	y	y	y	m	m	d	d	Date left Service	y	y	y	y	m	m	d	d
Reason for withdrawal (please mark appropriate box):																	
Resignation				Retrenchment - Voluntary				Retrenchment – non voluntary									
Dismissal				Other - please specify:													
If retrenchment was non voluntary please confirm the following:																	
Was the member at any time a director of the company													Yes		No		
Did the member at any time hold 5% or more of the member shareholding of the company?													Yes		No		

EMPLOYER'S DECLARATION

1. Indebtedness to be recovered from benefits R (permitted only if the indebtedness is in terms of section 37D of the Pension Funds Act. If applicable, please append details).

2. 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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WHAT YOU SHOULD DO, AND WHAT YOU SHOULD KNOW ABOUT THIS FORM

1. Complete page 1 (Particulars of withdrawing member) of the Member Section in full
2. **COPY ID & PROOF OF BANKING DETAILS TO BE ATTACHED TO THIS FORM. WITHDRAWAL PAYMENT WILL NOT BE MADE WITHOUT THESE DOCUMENTS**
3. Payment of Benefit/Options
 - a. If you elect cash (which will only be paid via EFT), tax will be deducted. Note: it is important to ensure that your tax affairs are up to date, as any outstanding issues with SARS will delay withdrawal payments.
 - b. If you preserve your benefit no tax is payable on the transfer in certain circumstances. If you need a financial consultant to assist you in this decision please do not hesitate to contact the Administrators.
 - c. Continuation of death and disability benefits means that you may continue the cover for these insurances in your private capacity after you have left the Fund. You must inform the Administrators that you want to exercise this option before your last day at work. The Administrators will then obtain a quotation for you and discuss the costs with you personally. The benefit of a continuation option is that the Insurer may require *no* medical evidence, except an HIV-test.
4. Transfer/Preservation details – This section needs to be fully completed if you ticked “preserve the benefit ...” above. Ensure that you attach the quotation from the transferee Fund
5. Unclaimed/Non-Return of this form to the Administrator - Should you not return this form, completed in full, to the Administrators, after a period of 24 months the benefit will be treated as an unclaimed. Please ensure that you submit the withdrawal form to your HR department who will forward it to the Administrators.
6. Member’s Declaration – This must be completed, signed and dated. If not, the Administrators may not proceed with the SARS clearance and payment of your benefit.
7. It is in your interest to obtain financial advice from a registered financial services provider to assist you with your investment and withdrawal benefit decisions. Gallet Group Employee Benefits (Pty) Ltd is a registered financial services provider, whom you may contact, via your Administrator, for such advice.

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