



Liberty Corporate - A division of Liberty Group Limited (Reg. No. 1957/002788/06)  
an Insurer and an Authorised Financial Services Provider (Licence No. 2409)  
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PO Box 2094, Johannesburg, 2000  
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e: [lcb.customerservices@liberty.co.za](mailto:lcb.customerservices@liberty.co.za) (For Claim Documents) e: [lc.serv@liberty.co.za](mailto:lc.serv@liberty.co.za) (For IPP Claim Documents)  
e: [ldeathclaims@liberty.co.za](mailto:ldeathclaims@liberty.co.za) (For Queries) w: [www.liberty.co.za](http://www.liberty.co.za)

## Nomination of Beneficiary Form

We are required in terms of various laws and for contractual purposes to share, collect and process your Personal Information (PI). Your PI is collected and processed by our colleagues, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information Liberty has collected, processed and shared.

### Purpose of this form:

The reason for this form is to advise Liberty who you wish to receive your benefits in the event of your death.

The benefit that will become payable if you die, could be made up of 3 main benefit types. These would affect how your benefit is paid.

The benefits are:

- Approved Death Benefits:** This is your retirement share of Fund and any approved death benefit amounts. These benefits are distributed in terms of Section 37C of the Pension Funds Act. There is a **common misconception** that the nominated beneficiary/ies have the rights to benefits payable by virtue of being nominated by the Deceased. This is not correct. The Trustees of a retirement fund have a duty to distribute the death benefits equitably (fair not necessarily equal) between your dependants and/or beneficiaries. This means that even though the Trustees will take your nomination form into account, they ultimately decide on the final distribution (split and to who benefits are paid) on the death benefits.
- Unapproved Death Benefits:** These are the death benefits that do not form part of your retirement fund. These benefits are paid according to the signed Nomination of Beneficiary Form that is on record with your employer. If a completed Nomination of Beneficiary Form is not on record, unapproved benefits are payable to your estate in terms of the policy terms and conditions.
- Funeral Benefits:** This is a benefit payable in the event of death as defined in the group policy. These benefits are paid according to the signed Nomination of Beneficiary Form that is on record with your employer. If a completed Nomination of Beneficiary Form is not on record, the funeral benefit is payable to your estate in terms of the policy terms and conditions.

### Section A: Employer Details

Fund Employer Name \_\_\_\_\_

Liberty Employer Fund and Member Number \_\_\_\_\_

### Section B: Main Member's Details

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_

Residential \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

### Section C: Approved Death Benefits - Beneficiary Details

Please note: The sum of all percentages should total 100%

#### Beneficiary 1

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_

Residential \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_ Percentage Share \_\_\_\_\_ %

#### Beneficiary 2

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_

Residential \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_ Percentage Share \_\_\_\_\_ %

Please note that in the event of any modification or variation of this standard form, Liberty will regard this form as being invalid and of no force and effect. **Do not sign blank or incomplete forms. Complete all forms in black ink. Keep all documents handed to you.**



**Section C: Approved Death Benefits - Beneficiary Details - continued****Beneficiary 3**

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_  
Residential \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_ Percentage Share \_\_\_\_\_ %

**Beneficiary 4**

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_  
Residential \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_ Percentage Share \_\_\_\_\_ %

**Beneficiary 5**

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_  
Residential \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_ Percentage Share \_\_\_\_\_ %

**Beneficiary 6**

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_  
Residential \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_ Percentage Share \_\_\_\_\_ %

**Beneficiary 7**

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_  
Residential \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_ Percentage Share \_\_\_\_\_ %

**Beneficiary 8**

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_  
Residential \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_ Percentage Share \_\_\_\_\_ %





**Section C: Approved Death Benefits - Beneficiary Details - continued****Beneficiary 9**

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_  
Residential \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_ Percentage Share \_\_\_\_\_ %

**Beneficiary 10**

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_  
Residential \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_ Percentage Share \_\_\_\_\_ %

**Section D: Unapproved Death Benefits - Beneficiary Details**

Please note: The sum of all percentages should total 100%

**Beneficiary 1**

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_  
Residential \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_ Percentage Share \_\_\_\_\_ %

**Beneficiary 2**

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_  
Residential \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_ Percentage Share \_\_\_\_\_ %

**Beneficiary 3**

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_  
Residential \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_ Percentage Share \_\_\_\_\_ %

**Beneficiary 4**

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_  
Residential \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_ Percentage Share \_\_\_\_\_ %



**Section D: Unapproved Death Benefits - Beneficiary Details - continued****Beneficiary 5**

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_  
Residential \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_ Percentage Share \_\_\_\_\_ %

**Beneficiary 6**

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_  
Residential \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_ Percentage Share \_\_\_\_\_ %

**Beneficiary 7**

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_  
Residential \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_ Percentage Share \_\_\_\_\_ %

**Beneficiary 8**

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_  
Residential \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_ Percentage Share \_\_\_\_\_ %

**Beneficiary 9**

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_  
Residential \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_ Percentage Share \_\_\_\_\_ %

**Beneficiary 10**

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_  
Residential \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_ Percentage Share \_\_\_\_\_ %





## Section E: Funeral Benefit - Beneficiary Details (Compulsory)

Beneficiary 1 is the person you appoint to claim and receive the funeral policy benefits after your death. He/She must be 18 years or older. If Beneficiary 1 nominated below predeceases you, the benefit will become payable to the nominated Beneficiary 2. If for any reason both beneficiaries predecease you, the benefit will be paid to your estate.

### Beneficiary 1

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_  
Residential \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_

### Beneficiary 2

Title \_\_\_\_\_ Initial(s) \_\_\_\_\_ Full Name(s) \_\_\_\_\_  
Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_  
Residential \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_

## Section F: Disclaimer and Definitions

### Payment of benefits for Approved Benefits

All Death Benefits payable in terms of this benefit shall be paid to the Fund without deduction except as may be required or entitled to by law. The fund will distribute the benefits in terms of Section 37C of the Pension Funds Act.

### Nomination of Beneficiary

Where Benefits are payable to a Beneficiary (other than the Main Member), the Main Member must nominate a Beneficiary to receive the Benefit unless otherwise prescribed in terms of a Benefit(s), subject to the following terms and conditions:

- such nomination is made in writing by completing the Nomination of Beneficiary Form.
- the Main Member may change or withdraw the nomination at any time before payment of a Benefit provided that such change or withdrawal is made in writing by completing a revised Nomination of Beneficiary Form.
- the nomination of a Beneficiary will not confer any rights on the Beneficiary until such time as a Benefit becomes payable.
- the nomination of a Beneficiary will automatically be cancelled in the event of the Beneficiary predeceasing the Main Member and/or dying simultaneously with the Main Member.
- no provision in any will or testamentary instrument will have the effect of appointing, varying or invalidating the nomination of a Beneficiary, unless specifically revoked by the Main Member towards the Insurer.

All Nomination of Beneficiary Forms must be submitted by the Main Member to the Employer and must be recorded and maintained securely by the Employer. The Employer shall, without delay, make the Nomination of Beneficiary Forms available to the Insurer upon request and/or upon the occurrence of the Insured Event.

The nomination of Beneficiary will take effect from the date that the Insurer confirms that its records are updated in accordance with the Nomination of Beneficiary Form.

If the Main Member fails to nominate a Beneficiary or nominates the Employer or any natural person exercising control and direction on behalf of the Employer, the Benefits will be payable to the estate of the Main Member, or such other person as directed by the Master of the High Court in accordance with Section 18(3) of the Administration of Estates Act, 66 of 1965.

## Section G: Member's Declaration

I, \_\_\_\_\_ Full Name(s) and Surname  
acknowledge, understand and accept the following:

- It is my responsibility to ensure that my Nomination of Beneficiary Form is completed and submitted to my HR/Payroll Representative and that my HR/Payroll Representative acknowledges receipt of the form and recorded on my personal file.
- The Nomination of Beneficiary Form may not be actioned if I do not provide all the required information or if the information is inaccurate and/or illegible and/or if the total percentages do not add up to 100%.
- If the benefit allocation percentage for the unapproved benefit does not add up to 100%, the unallocated percentage will be payable to my estate.

I hereby declare that the above information and answers are true and correct.

I consent and accept that Liberty may process my Personal Information (PI) and special PI to process this request.

By submitting any of my PI or special PI to Liberty in any form, I acknowledge that such conduct constitutes a voluntary consent to process my PI in accordance with the Protection of Personal Information Act, 4 of 2013 ("PoPIA"), which consent shall remain in force until Liberty receives a written objection from me to delete my PI. Liberty may, however, keep my information for the period as otherwise required in terms of any applicable law. I also hereby confirm that I have received explicit consent from the beneficiaries listed herein and all interested parties for Liberty to receive, access and process their PI, which may include sharing such PI with Liberty's third-party service providers. Where I have provided Liberty with the PI of a minor, I warrant that I have the necessary authority to provide such consent.





## Section G: Member's Declaration - continued

I authorise Liberty to share my PI (including my beneficiaries' PI) with their contracted third-party service providers for this request, in respect of related insurer obligations or in any related policy or other document, either directly or through a database at any time (even after my death) and to, amongst other things, validate and supplement the information I have provided to you. I acknowledge that I cannot cancel this authorisation and that it will endure after my death to allow Liberty to process any death benefits to my nominated beneficiaries (where applicable).

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Full name(s)

Main Member's signature

## Section H: Financial Intelligence Centre Act ("FICA")

### FICA

- The Financial Intelligence Centre Act ("FICA") requires Liberty to comply with certain requirements when processing the service request you require. These requirements are listed below and the acceptable verification documentation is specified where applicable.
- In order to identify and verify our clients, please ensure that all FICA documentation submitted is clear and legible.
- In terms of Section 11(1)(c) of the Protection of Personal Information Act, 4 of 2013 ("PoPIA"), Personal Information (PI) may be processed if processing complies with an obligation imposed by law on the responsible party.
- Liberty is obligated in terms of FICA to ensure compliance with the Customer Due Diligence obligation, as such a request for the FICA documentation and processing thereof satisfies the requirements of Section 11(1)(c) of PoPIA.
- Your PI is collected and processed by our staff, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information Liberty has collected and processed.

### FICA Requirements for Natural Persons and Minors

Please ensure that the following compulsory FICA documents are submitted with each claim and place a tick (☑) where applicable. If no valid FICA documents are submitted, claim payments will not be processed.

- ☐ Certified copy of the ID document/copy of the back and front of the ID smart card/passport.
- ☐ Certified copy of the bank statement/bank account confirmation letter confirming individual/parent/guardian's banking details (not older than 3 (three) months).
- ☐ Certified copy of the birth certificate (abridged or unabridged).
- ☐ In the case of a guardian/caregiver, provide proof, such as a court order or affidavit.

## Contact Us

### Queries

For more information, please contact your accredited Liberty Financial Adviser, or:

**Liberty Corporate Contact Centre**

t: +27 (0)11 558 2999

f: +27 (0)11 694 5309

e: [lc.contact@liberty.co.za](mailto:lc.contact@liberty.co.za) (Claim Related Queries)

e: [lcb.customerservices@liberty.co.za](mailto:lcb.customerservices@liberty.co.za) (Claim Documents Submissions)

### Contact Centre Postal Address

PO Box 2094  
Johannesburg  
2000

OR

**Walk-in Centre Address**  
Libridge Building - 9<sup>th</sup> floor  
25 Ameshoff Street  
Braamfontein  
Johannesburg  
2001

## Complaints Handling and Resolution Process

Our full complaints handling and resolution procedure is available from our website ([www.liberty.co.za](http://www.liberty.co.za)) or we can send it to you on request. You must refer complaints resulting from advice provided by an independent broker or another financial services provider to the broker of financial services provider concerned.

Please include as much detail as possible and copies of documentation where available, as this will speed up the resolution process, including:

- The scheme and member numbers relating to the query/complaint.
- What you are expecting from us in terms of resolving the issue(s).
- Your contact details so that we can get hold of you.
- Any correspondence from Liberty that lead to the query.
- The names of the people you have dealt with so far (if applicable).
- The dates and times of these contacts.
- Any other event that triggered the query, for example, an article in a newspaper.





## Contact Us - continued

### Complaints Handling and Resolution Process

Complaints should be directed in writing to:

**The Complaints Resolution Manager**

Liberty Corporate  
PO Box 2094  
Johannesburg  
2000  
t: +27 (0)11 408 2771  
f: +27 (0)11 408 4440  
e: [lc.complaints@liberty.co.za](mailto:lc.complaints@liberty.co.za)

OR

**The Information Officer**

Liberty Corporate  
PO Box 2094  
Johannesburg  
2000  
t: +27 (0)11 558 3911  
e: [privacy@liberty.co.za](mailto:privacy@liberty.co.za)

We will endeavour to address and resolve your complaint as soon as possible. However, in the event of your complaint not being resolved to your satisfaction, and after following our complaints handling procedure, you may contact the following regulatory bodies for assistance.

### Funds Complaints

**The Pension Funds Adjudicator**

PO Box 580  
Menlyn  
0063  
t: +27 (0)12 748 4000  
f: 086 693 7472  
e: [enquiries@pfa.co.za](mailto:enquiries@pfa.co.za)

OR

**The Ombudsman for Long-term Insurance**

Private Bag X45  
Claremont  
7735  
t: +27 (0)21 657 5000 / 0860 103 236  
f: +27 (0)21 674 0951  
e: [info@ombud.co.za](mailto:info@ombud.co.za)

**The Information Regulator**

PO Box 31533  
Braamfontein  
2017  
e: [complaints.IR@justice.gov.za](mailto:complaints.IR@justice.gov.za) (Complaints)  
e: [infoereg@justice.gov.za](mailto:infoereg@justice.gov.za) (General enquiries)

### Complaints against a Financial Adviser

**The FAIS Ombudsman**

PO Box 74571  
Lynnwood Ridge  
0010  
t: +27 (0)12 470 9080  
f: +27 (0)12 348 3447  
e: [info@faisombud.co.za](mailto:info@faisombud.co.za)





Liberty Corporate – A division of Liberty Group Limited Reg. No. 1957/002788/06  
An Authorised Financial Services Provider (Licence No. 2409)  
Libridge Building, 25 Ameshoff Street, Braamfontein, 2001 P O Box 2094, Johannesburg 2000  
t: +27 (0)11 558 2999  
For claim forms: e [lcb.customerservices@liberty.co.za](mailto:lcb.customerservices@liberty.co.za)  
For queries: e [lc.contact@liberty.co.za](mailto:lc.contact@liberty.co.za) t +27 (0)11 694 5309

## PRESERVATION OF BENEFIT/WITHDRAWAL NOTIFICATION

Please ensure that all the required information and benefit payment instruction details are completed as accurately as possible. Once Liberty commences with processing the claim payment, the transaction may not be reversed.

*We are required to share, collect and process your Personal Information (PI). Your PI is collected and processed by our staff, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information Liberty has collected, processed and shared.*

### Section 1 - Fund details

Please note, fields marked with an asterisk (\*) are compulsory and claims cannot be processed without this information.

Fund name *	_____	Fund number	_____
Employer name *	_____	Employee/payroll ref number	_____
Member's ID number *	_____	Membership number *	_____
Member's full name:	Surname * _____		
	First names * _____		

Please attach a copy of the member's recently certified (not more than 3 months) ID document/copy of the back and front of the ID smart card/passport with this form.

Date of withdrawal \* \_\_\_\_\_

Reason for leaving employment\* ☐ Resignation ☐ Retrenchment/Redundancy ☐ Dismissal ☐ Transfer of employment

**Note: If you are aged 55 or over, you qualify for early retirement. If you wish to take up this option, Liberty Corporate will require retirement claim documents.**

Did the member hold more than 5% of the issued share capital or member's interest in the company? ☐ Yes ☐ No

**Note: If the reason for leaving employment is indicated as retrenchment or redundancy and the member held more than 5% of the issued share capital or member's interest in the company, SARS will treat the claim as a resignation.**

Is the member a foreign person? ☐ Yes ☐ No

Please see the definition of a foreign person in the important note section.

Does the member participate in any other Liberty fund? ☐ Yes ☐ No

If "Yes", please state the name of the fund and complete a separate notification form if necessary.

### Section 2 - Member's details

2.1 Member's annual taxable income \*R \_\_\_\_\_

2.2 Residential address \* \_\_\_\_\_

2.3 Postal address \* \_\_\_\_\_

Code \_\_\_\_\_

Contact numbers: Work \* \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

2.4 Email address \_\_\_\_\_

**Note: Liberty may send/request information via SMS messaging. Please ensure that Liberty has your current cellphone number as all times.**

2.5 Member's income tax reference number \* \_\_\_\_\_

2.6 Were any funds transferred into this fund from a public sector fund? ☐ Yes ☐ No

If "Yes", what was the tax free portion (pre 1998 contributions only)? R \_\_\_\_\_

Please send your completed form to [lcb.customerservices@liberty.co.za](mailto:lcb.customerservices@liberty.co.za)

In the event of any modification or variation of this standard form, Liberty will regard this form as being invalid and of no force and effect. **Do not sign blank or incomplete forms.**



### Section 3 - Details of any claims against the benefit

- 3.1 Does the member have any outstanding housing loan balance for a loan granted by the Employer, by the Fund or through the Fund? ☐ Yes ☐ No  
If "Yes", please provide documentary proof of the loan.
- 3.2 Are there any divorce orders recorded against the Fund in respect of this member? ☐ Yes ☐ No  
If "Yes", please provide copies of the final divorce order.
- 3.3 Are there any maintenance orders recorded against the Fund in respect of this member? ☐ Yes ☐ No  
If "Yes", please provide copies of the final maintenance order.
- 3.4 Are there any Employer claims with regard to theft, fraud, dishonesty or misconduct recorded against the Fund in respect of this member? ☐ Yes ☐ No  
If "Yes", please attach copies for validation.

### Section 4 - In-Fund Preservation for Benefits

- 4.1 Does the member wish to retain (i.e. preserve) the benefit within the Fund? ☐ Yes ☐ No  
Under this option, the member's benefit will be retained in the Fund and remain invested in the current investment portfolio selections. However, for members of the **Liberty Corporate Selection Umbrella Funds**, please indicate in **Table 1** below, the member's selection of investment portfolio(s) into which the benefits are to be invested. Place a cross in the column next to the portfolio name and indicate the desired % of the benefit to be invested in that particular portfolio. The total % across all portfolios selected must sum up to 100%. If no selection is made in Table 1, then the member's benefit will be fully invested into one of the Default Investment Portfolios selected by the Board of Trustees of the Fund. For members of the **Liberty Corporate Selection Umbrella Funds only** - if a **Financial Adviser** has been appointed by the member as their personal adviser, **Section 8** of this form must also be completed.

**Table 1 - Investment Portfolio selection for in-fund preservation members of the Liberty Corporate Selection Umbrella Funds**

Investment Portfolio Name	Investment Manage Fee	Indicate Selection	% Invested
<b>Trustees' Default Portfolio Range</b>			
Liber8 Stable Growth Fund	0.60%	<input type="checkbox"/>	%
Liberty Core Conservative	0.60%	<input type="checkbox"/>	%
Liberty Core Moderate	0.60%	<input type="checkbox"/>	%
Liberty Core Balanced	0.60%	<input type="checkbox"/>	%
<b>Single-Managed Portfolios</b>			
Liberty Corporate Balanced Growth Funds	1.10%	<input type="checkbox"/>	%
Liberty Corporate Moderate Growth Funds	1.10%	<input type="checkbox"/>	%
Liberty Corporate Conservative Growth Funds	1.10%	<input type="checkbox"/>	%
<b>Multi-Managed Portfolios</b>			
STANLIB Multi-Managed Balanced Growth Funds	1.40%	<input type="checkbox"/>	%
STANLIB Multi-Managed Moderate Growth Funds	1.40%	<input type="checkbox"/>	%
STANLIB Multi-Managed Conservative Growth Funds	1.40%	<input type="checkbox"/>	%
<b>Passive Portfolios</b>			
Liberty Balanced Tracker Fund	0.35%	<input type="checkbox"/>	%
Liberty Moderate Tracker Fund	0.35%	<input type="checkbox"/>	%
Liberty Conservative Tracker Fund	0.35%	<input type="checkbox"/>	%
<b>Risk-Managed Portfolios Liberty</b>			
Liberty Secure Fund	1.00%	<input type="checkbox"/>	%
Liberty Corporate Advanced Bonus Fund	0.80%	<input type="checkbox"/>	%
<b>Money Market Portfolio</b>			
Liberty Institutional Money Market Fund	0.30%	<input type="checkbox"/>	%
<b>Shari'ah Portfolio</b>			
STANLIB Multi-Manager Shari'ah Balanced Fund of Funds	1.00%	<input type="checkbox"/>	%



Investment Portfolio Name	Investment Manage Fee	Indicate Selection	% Invested
<b>Third-Party Balanced Portfolios</b>			
Allan Gray Balanced Fund	1.25%	<input type="checkbox"/>	%
Coronation Balanced Plus Fund	1.25%	<input type="checkbox"/>	%
Prudential Balanced Fund	1.25%	<input type="checkbox"/>	%

Please visit [www.liberty.co.za](http://www.liberty.co.za) for more information regarding any of the investment portfolios listed in Table 1 above.

#### Declaration by member

This declaration is only required if no Financial Adviser has been appointed by the member. If a Financial Adviser has been appointed, please complete Section 8.

I acknowledge that by selecting "Yes" in Section 4 and by **not completing** Section 8, I am declaring that I shall be an in-fund Deferred Retiree or Preserver Member of the Fund without a Financial Adviser and without investment advice.

Signature of member \_\_\_\_\_

Date \_\_\_\_\_

#### Section 5 - Other options available to the member

5.1 Does the member wish to transfer all or part of the benefit (minimum R12 500) to a Liberty preservation fund? ☐ Yes ☐ No

If "Yes", please advise amount R \_\_\_\_\_ or insert all and complete section 6.

5.2 Does the member wish to transfer all or part of the benefit to another approved pension/provident/retirement annuity or preservation fund with another insurer? ☐ Yes ☐ No

If "Yes", please complete the following:

Name of fund/policy \_\_\_\_\_

New fund/policy number \_\_\_\_\_

Insurance company \_\_\_\_\_

SARS Fund approval number

1	8	/	2	0	/	4	/				
1	2	/	8	/							

FSB Fund approval number

5.3 Does the member wish to take all or part of the benefit in cash? ☐ Yes ☐ No

If "Yes", please advise amount R \_\_\_\_\_ or insert all and complete section 7.

5.4 Is the member currently an Income Plus Plan (IPP) claimant? ☐ Yes ☐ No

5.5 If the member has been on the Fund for more than 12 months, does the member wish to exercise an option (if any) to continue his/her life assurance and/or disability cover under an individual policy? ☐ Yes ☐ No

If the member would like more information regarding this option, please provide details so that our consultant can contact you.

(This option has to be exercised within 60 days of leaving service.)

**Note: Normal retirement – if the member has reached normal retirement age, as stated in the rules of the Fund, they may not withdraw from service or transfer their benefit to a preservation fund and must therefore, complete a retirement notification form.**

#### Section 6 - Transfers to Agile Provident or Pension Preserver Plans for Liberty

Please ensure that all fields are completed. (The transfer will not be processed timeously with missing information).

Agile policy number \_\_\_\_\_

#### Transferring fund details

SARS approval number \_\_\_\_\_

FSCA registration number \_\_\_\_\_

Type of fund ☐ Pension ☐ Provident

Commencement date in the transferor fund \_\_\_\_\_

Date the member withdrew from the transferor fund \_\_\_\_\_

Selected retirement date \_\_\_\_\_

Amount transferred R \_\_\_\_\_

Accessible/non-accessible before retirement R \_\_\_\_\_

**Section 6 - Transfers to Agile Provident or Pension Preserver Plans for Liberty (continued)****Bank account details for the receiving fund**

Bank name			
Account holder name			
Account number		Branch number	
Account registration number		Reference number for deposit	
Branch name		Type of account	

**Beneficiary details**

**Please note:** S37C of the Pension Funds Act, No. 24 of 1956 ("the Act") places a duty on the Board of Trustees of both the Agile Preserver Pension Plan and the Agile Preserver Provident Plan to distribute the benefits equitably among dependants and nominees, taking into account a variety of factors including their financial dependency on the deceased member before death. Your nomination of beneficiaries below will assist the Board in the distribution decision.

It is recommended that you review/amend your beneficiary nominations regularly as your circumstances change. This can be done by completing a Beneficiary Nomination Form at any time.

Name and Surname	ID number	Relationship to deceased member	Split %
			%
			%
			%
			%
			Total = 100%

**Investment details**

(Please speak to your Financial Adviser regarding your portfolio choice.)

**Declaration by member**

1. I confirm that the rules, terms and conditions, as well as all marketing material of the Agile Preserver Pension Plan and/or the Agile Preserver Provident Plan (The Plan) (as the case may be) have been explained to me, and that I understand the nature of the investment.
2. I accept and bind myself to the registered rules of the Plan (as the case may be), and any other rules, which the Board of Management might formulate there under.
3. I understand that if a portion of the transfer benefit was paid out in terms of Section 37D of the Act or as cash payment, this would be considered as my one withdrawal prior to retirement.
4. I understand the fees structure applicable to the Plan.
5. I confirm that I have received all the information required in terms of the Policyholder Protection Rules and FAIS. I further confirm that I fully understand the quotation provided by my Financial Adviser for this investment.
6. I accept all the terms and conditions that form part of this application and declaration.

\*

\_\_\_\_\_  
Signature of member

\_\_\_\_\_  
Date  
(signed after consultation)



## Section 7 - Member's payment details

I request Liberty to pay the amount due by direct deposit into the following account:

Name of bank

Name of branch

Name of account holder

Account number

Branch number

Type of account

☐ Savings ☐ Transmission ☐ Cheque

An ORIGINAL cancelled cheque or ORIGINAL account statement must be attached for verification purposes, otherwise processing could be delayed. Where the name of the account holder differs due to marriage, a certified copy of the marriage certificate must be provided.

### Important

- Payment will not be made into a 3<sup>rd</sup> party's account.
- Liberty will not make payment by cheque.
- Benefits are payable in South African Rands only and it is the member's responsibility to arrange the transfer of their funds outside South Africa.

## Section 8 - Financial Adviser's details

### Principal Financial Adviser

Name and Surname

Liberty 13-digit code

Telephone number

Fax number

FSP Practice name

FSP Practice number

Initial investment advice fee (% of benefit as per the member agreement)<sup>(1)</sup>

(This will be converted into a monthly % deducted off the benefit value)

Annual ongoing investment advice fee (% of benefit as per the member agreement)<sup>(2)</sup>

### Other Related Financial Adviser

Name and Surname

Liberty 13-digit code

Initial investment advice fee (% of benefit as per the member agreement)<sup>(1)</sup>

Annual ongoing investment advice fee (% of benefit as per the member agreement)<sup>(2)</sup>

(This will be converted into a monthly % deducted off the benefit value.)

<sup>(1)</sup> The sum of all initial advice fees cannot exceed 1.5% (excluding VAT)

<sup>(2)</sup> The sum of all ongoing advices fees cannot exceed 1% p.a. (excluding VAT)

### Financial Adviser's declaration

I declare that I am registered to market Retail Pension benefits under the Financial Advisory and Intermediary Services Act, No. 37 of 2002 and accept the consequences of the Act.

\*

Signature of Financial Adviser

Date

### Member's declaration

1. I understand that I may at any time instruct Liberty to stop deducting or facilitating the payment of any future ongoing advice fee, or I may at any time instruct Liberty to change the amount of the ongoing fee or pay any future ongoing fee to Liberty or to another Financial Adviser.
2. I understand that any ongoing advice fees agreed to in this mandate may continue to be paid where the Financial Adviser moves between distribution channels or authorised financial services providers, provided that the Financial Adviser or financial services provider is contracted with Liberty and appropriately accredited in terms of prevailing legislation.
3. I understand that this mandate will be automatically renewed on an annual basis unless I instruct Liberty to cancel it.
4. I understand that these fees will be deducted from the investment value of my policy and will therefore reduce the value of my investment accordingly.
5. I understand that my Financial Adviser may work in a Liberty approved team and any advice fee deducted may be shared with the team.
6. I understand that, if the Financial Adviser is part of a Liberty approved team and the Financial Adviser is for any reason unable to receive the advisory fee, then the advice fee will become payable to another adviser within the approved team.

\*

Signature of Member

Date

## Section 9 - Fund authorisation/member signature

(Fields marked with a \* are compulsory and need to be signed/completed in full)

I acknowledge:

1. The personal information that I have provided to Liberty in this form is correct.
2. The information provided by me shall be subject to the rules of the Fund and the terms and conditions of the policy and any relevant regulatory authority.
3. I shall be responsible for sending this form back to Liberty or to the Financial Adviser's office with my signature and contact details.

\*

Signature of member

Date

\*

Fund authorised signatory (print name and sign)

Date

Company  
Stamp



## Withdrawals

Most members leave funds through resignation, dismissal or retrenchment. The rules of the pension or provident fund set out in detail the various options available to a member on termination of membership. The summary below is intended only to give a member an overview of the various benefits and options to which the member may be entitled so that the member can make an informed choice with regard to the benefits.

**We strongly recommend that money accumulated for retirement should be preserved whenever possible. Experience shows that once money allocated for retirement is taken in the form of cash, it is very rarely replaced at a later stage.**

The following options are generally available:

- **Option 1: Taking the benefit in cash**

The implications of taking a cash benefit on withdrawal are that the tax-free amount (currently, R25 000, per life time, plus the member's own contribution not previously allowed as a deduction) has been exceeded, the remaining benefit will be subject to tax. Clearly, a cash payment means that money set aside for retirement may be used for other purposes, resulting in the member having insufficient funds to live on after retirement.

Lump sum withdrawals due to the member being retrenched or made redundant (voluntary or involuntary) are taxed in the same manner as a retirement claim (currently, R500 000, per life time, plus the member's own contributions not previously allowed as a deduction). However, this tax relief is not available to a taxpayer who was, at any time, a director of the employer company and at the time held more than 5% of the issued share capital or member's interest in that company.

- **Option 2: Transferring the benefit to a fund operated by the member's new employer**

It is usually possible to transfer the benefit to a fund operated by the member's new employer. Not only will such a transfer be free of tax (unless it is a pension to provident fund transfer) but the benefit will be held to the member's credit under the member's new employer's fund. Here it will earn investment income until such time the member retires or leaves the new fund.

Please note, if transferring to another fund/participating employer administered by Liberty Corporate and individual member choice is allowed, the member must complete a new investment portfolio selection form.

- **Option 3: Transferring the benefit to a retirement annuity or preservation plan**

This option is similar to transferring the benefit to a fund operated by the member's new employer described above, with the difference being that the money is held in the member's own individual investment plan.

In the case of a retirement annuity, up to one-third of the final amount accumulated can be taken at retirement in the form of cash, subject to tax at that time. The balance of the proceeds must be taken in the form of a pension that will be subject to tax. Note that the earliest age at which the member may retire from a retirement annuity is 55.

The difference between a preservation plan and a retirement annuity is that one withdrawal may be made from a preservation plan prior to retirement (depending on accessibility) to meet any unexpected financial needs.

- **Option 4: Death and disability benefit continuation option**

Where this is offered, a member who has been on the fund for more than 12 months may, within 60 days of leaving service, exercise an option to take out an individual policy without evidence of health. However, a Cotinine test may be required to confirm smoker status. In this way the member can continue valuable life cover (and disability cover where applicable), at the member's own expense.

- **Option 5: Preserving the benefit within the fund**

When members leave their employer from 1 March 2019, they have the option to preserve their benefits within the fund. On this option, no cash payment will be made to a member on withdrawal. Instead, their accumulated withdrawal and retirement savings will continue to be invested inside the fund. Members of the Liberty Corporate Selection Umbrella Funds will be required to choose their investment portfolio(s) into which their preservation benefits will be invested. This is done by completing Table 1 in Section 4 of this claim form. If no selection is made, the member's preservation benefits will be placed in one of the Default Investment Portfolios selected by the Trustees of the Liberty Corporate Selection Umbrella Funds. The member can choose to change this investment portfolio selection at a future date by completing an investment switch form. For members of other retirement funds, the underlying investment portfolio will be the same investment portfolio that the member was invested in before becoming a preserver member, or as guided by the Rules of the Fund. Whilst being a Deferred Retiree or Preserver Member in the Fund, the member will continue to have access to investment portfolios at institutional rates. Depending on the investment portfolio selection, these rates are typically lower than that of a preservation offering outside the Fund. When the member reaches retirement, the member can ask for the Preserver Benefit to be paid out according to prevailing legislation and relevant pay-out options at that time.

### **Financial Advisory and Intermediary Services Act, No. 37 of 2002 ("FAIS")**

The FAIS legislation was introduced for members' protection against the possibility of receiving inappropriate advice regarding their financial needs. A member must ensure that their Financial Adviser is duly licensed under the FAIS Act and provides them with a written record of the advice given to them. A member's Financial Adviser is obliged to fully disclose any material information pertaining to the product, the product supplier and their relationship with the product supplier. In terms of this legislation, a member's Financial Adviser must ensure that all the necessary steps have been taken to place the member in a position to make an informed decision in respect of their withdrawal or retirement benefit.

### **Protection of Personal Information Act, No. 4 of 2013**

We are required to share, collect and process your Personal Information (PI). Your PI is collected and processed by our staff, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information Liberty has collected, processed and shared. Errors and omissions are excluded. The information contained in this document does not constitute financial, tax, legal or accounting advice by Liberty.

Any legal, technical or product information contained in this document is subject to change from time to time. If there are any discrepancies between this document and the contractual terms or, where applicable, any fund rules, the latter will prevail. Any recommendations made must take into consideration your special needs and unique circumstances. Liberty Group Ltd is an Authorised Financial Services Provider in terms of the FAIS Act (No. 2409). © Liberty Group Ltd. All rights reserved.



**Important note:**

A natural person will be regarded as a 'foreign person' if:

- He or she is not ordinarily resident in South Africa; or
- He or she has not been physically present in South Africa for a period of 91 days in aggregate in a tax year as well as for a period of 91 days in aggregate of the preceding five tax years and for a period exceeding 916 days in aggregate during those five preceding tax years; or
- He or she has been physically outside South Africa for a continuous period of at least 330 full days.

Our business success resolves around our ability to pay members their benefits at a time when they need it most. Our service level agreement for the payment of defined contribution retirement claims is ten working days from the receipt of all requirements.

However, we are often unable to meet our service obligations when we do not receive all the requirements we need, to successfully finalise payment. We will not be held liable for any loss or damages that a member may suffer as a result of our failure to process and pay a claim within the agreed timelines if the delay was (is) caused by a member failing/neglecting to satisfy all the requirements necessary to finalise payment. This includes, but is not limited to a member's failure to provide us with all relevant information or documentation, or complete the forms accurately and completely.

**Contact us**

Please **ONLY** contact us if you have not received payment within this timeframe.

**Queries**

For more information, please contact your accredited Liberty Financial Adviser, or the Liberty Corporate support centre:

**Liberty Corporate Contact Centre**

Email address: [lc.contact@liberty.co.za](mailto:lc.contact@liberty.co.za)

Tel number: +27 (0)11 558 2999

Fax number: +27 (0)11 408 2264

**Benefit counselling**

For benefit counselling, please contact us:

**Liberty Corporate Benefit Counselling**

Email address: [benefitcounselling@liberty.co.za](mailto:benefitcounselling@liberty.co.za)

Tel number: +27 (0)11 558 2999

**Complaints**

Our complaints handling procedure is available on our website ([www.liberty.co.za](http://www.liberty.co.za)), or we can send it to you on request.

Complaints should be directed in writing to:

**The Complaints Resolution Manager****Liberty Corporate**

PO Box 2094, Johannesburg, 2000

Email address: [lc.contact@liberty.co.za](mailto:lc.contact@liberty.co.za)

Tel number: +27 (0)11 408 2771

Fax number: +27 (0)11 694 5304

OR

**For Liber8 and Liberty Corporate Selection Suite of Umbrella Funds****The Principal Executive Officer**

PO Box 2094, Johannesburg, 2000

Email address: [roger.spence@liberty.co.za](mailto:roger.spence@liberty.co.za)

Tel number: +27 (0)11 408 5685

If the complaint is not resolved to your satisfaction by Liberty, you may contact one of the legislative bodies that have been tasked to look after your interests as a customer. Please note that if a complaint is formally logged with Liberty Corporate using our complaints process, a reference number will be provided.

**For fund complaints****The Pension Funds Adjudicator**

PO Box 580, Menlyn, 0063

Email address: [enquiries@pfa.co.za](mailto:enquiries@pfa.co.za)

Tel number: +27 (0)12 748 4000

Fax number: +27 (0)86 693 7472

OR

**The Ombudsman for Long-term insurance**

Private Bag X45, Claremont, 7735

Email address: [info@ombud.co.za](mailto:info@ombud.co.za)

Tel number: +27 (0)21 657 5000

Sharecall: +27 (0)86 010 3236

+27 (0)21 674 0951

**For complaints regarding a Financial Adviser****FAIS Ombudsman**

PO Box 74571, Lynnwood Ridge, 0010

Email address: [info@faisombud.co.za](mailto:info@faisombud.co.za)

Tel number: +27 (0)12 470 9080

Fax number: +27 (0)12 348 3447

The above process is our formal complaints process and a reference number will always be provided. If you do not receive a reference number for a complaint, please contact the Complaints Resolution Manager using the contact details above.

**LIBERTY**

Liberty Corporate – A division of Liberty Group Limited Reg. No. 1957/002788/06  
 An Authorised Financial Services Provider (Licence No. 2409)  
 Libridge Building, 25 Ameshoff Street, Braamfontein, 2001 P O Box 2094, Johannesburg 2000  
 t: +27 (0)11 558-2999 f: +27 (0)11 408-2158  
 for claim forms : e [lcb.customerservices@liberty.co.za](mailto:lcb.customerservices@liberty.co.za)  
 for queries: e [lc.contact@liberty.co.za](mailto:lc.contact@liberty.co.za)

## DEATH OF AN EMPLOYEE CLAIM FORM

### The purpose of this form

The Board of Trustees of the Fund ("the Trustees") use this form as a guide, to ensure the death benefit is distributed correctly. Please complete **all the blocks** in this form. If it does not apply to you, please insert N/A (Not Applicable), as all of the information is needed for the payment of the claim. **Failure to submit a fully completed form will result in a delay in making the payment.**

Benefits paid from the Fund are in Rands only and it is up to each beneficiary to arrange to transfer the funds outside South Africa.

**Approved death benefits** are distributed in terms of Section 37C of the Pension Funds Act, No. 24 of 1956 ("the Pension Funds Act"). Please note that any beneficiary/ies nominated in writing by the deceased member do/does not have an automatic or sole right to receive the approved death benefits, only by virtue of the nomination. The main objective of Section 37C is to ensure that those people who were or would have been financially dependent on the deceased member had he/she not died, are not left destitute after the member's death.

In exercising its discretion, the Trustees will consider a range of factors as revealed from the investigation. These factors include, but are not limited to the:

- The extent of dependency of each dependant on the deceased member and the financial affairs of the dependants;
- Future earning potential and prospects of the dependants;
- The age of each dependant;
- The relationship of each dependant with the deceased member;
- The amount of the benefit available for distribution;
- The wishes of the deceased member as may be expressed in a valid Nomination of Beneficiary Form;
- Payments received by dependants from other sources (for instance policies / inheritance).

**Unapproved death benefits** are paid according to the Nomination of Beneficiary Form completed and signed by the deceased member and that is on record with the employer. If a completed and signed Nomination of Beneficiary Form is not on record, unapproved benefits are payable to the estate of the deceased member as per the policy.

### Sections

Section A	Information about the deceased employee's employment details
Section B	List all beneficiaries and dependants of the deceased – this section is for completion by the employer
Section C	Information about the employee's spouse
Section D	Estate and additional policy details
Section E	Minor children's details (under the age of 18 years)
Section F	Major children's details (over the age of 18 years)
Section G	Parents of the Deceased
Section H	Other financial dependents
Annexure 1	Monthly household income and expenditure. (compulsory requirement for all claimants)
Annexure 2	Monthly household income and expenditure (To be completed for by the spouse/life partner where expenses were shared with the deceased)
Annexure 3	To be completed by dependents/beneficiaries that do not wish to claim from this benefit

### Who must complete and sign the form

Section A	Employer/Authorised employer representative
Section B	Employer/Authorised employer representative
Section C	Spouse
Section D	Spouse/Family representative/Executor
Section E	Guardian/Caregiver/Family representative
Section F	Adult child/Guardian/Caregiver
Section G	Dependant/Beneficiary

Please note that in the event of any modification or variation of this standard form Liberty will regard this form as being invalid and of no force and effect. **Do not sign blank or incomplete forms.**



## Requirements

The main requirements are listed below. It is important to remember that the benefit will be dealt with in terms of the applicable legal requirements. An approved death benefit is defined in the registered rules of the Fund and is payable from the Fund in terms of Section 37C of the Pension Funds Act. There are additional requirements as listed below. An unapproved death benefit is provided in terms of an insurance policy which is linked to the employer and not to the Fund. This benefit is not payable from the Fund and Section 37C of the Pension Funds Act does not apply to it. Please refer to the Liberty Corporate website, Our Forms, Death Benefit forms for a copy of the [Comprehensive guide to the process and requirements for family benefit \(funeral\) and death claims](#), should you require any additional clarification.

Requirements for the deceased member			
• A certified copy of the deceased member's ID document, or front <u>and</u> back of an ID smart card, or Passport			<input type="checkbox"/>
• A certified copy of the death certificate			<input type="checkbox"/>
• A certified copy of the marriage certificate (if applicable)			<input type="checkbox"/>
• A copy of the deceased member's payslip of last full month in service			<input type="checkbox"/>
• A copy of the latest Nomination of Beneficiary Form completed and signed by the deceased member			<input type="checkbox"/>
• Membership certificate from medical aid confirming dependants that were covered (if applicable)			<input type="checkbox"/>
• A copy of the deceased member's Will (if one is available)			<input type="checkbox"/>
• If the cause of death was unnatural (accident, suicide, murder) the Trustees require a police report (Lcb100 standard form).			<input type="checkbox"/>
• Please ensure that the name and number on the ID document are the same as the Fund's records			<input type="checkbox"/>
• Where applicable, please provide the details of the home loan, copies of the divorce decree and the settlement agreement and any maintenance orders against the deceased member.			<input type="checkbox"/>
Requirements per dependant / beneficiary			
If there is a spouse/partner (including same gender or co-habitation)	Approved benefit	Unapproved benefit	Copy provided
• A certified copy of the marriage certificate (civil or customary) or a witnessed lobola letter	x		<input type="checkbox"/>
• A certified copy of the ID document or copy of the front <u>and</u> back of the ID smart card of the spouse, or a Passport	x		<input type="checkbox"/>
• Confirmation of the income and expenses for each spouse or partner	x		<input type="checkbox"/>
• Confirmation that the deceased member and spouse/partner were living together at the date of death - if not, please confirm as to why? <b>Note:</b> This is required to determine shared living expenses	x		<input type="checkbox"/>
• If married by customary union or if the spouse is regarded as a 'common law partner', the Trustees require an affidavit from an independent blood relative confirming they lived as husband and wife and the number of years they lived together.	x		<input type="checkbox"/>
• If a permanent life partner - please provide an affidavit to substantiate that there was a common household, the duration, plus proof of dependency, e.g., joint ownership of the house, etc.	x		<input type="checkbox"/>
• Annexure 2 (monthly household income and expenditure) to be completed.	x		<input type="checkbox"/>
If there is an ex-spouse/ex-partner			
• A copy of any maintenance order and/or divorce decree and settlement agreement (if applicable)	x		<input type="checkbox"/>
• Proof of bank details of the ex-spouse/partner, e.g., bank statements (not older than 3 months), a bank account confirmation letter or a cancelled cheque	x		<input type="checkbox"/>
• A certified copy of the ID document or copy of back <u>and</u> front of the ID smart card, or a Passport	x		<input type="checkbox"/>
• Confirmation of the income of the ex-spouse's/ex-partner	x		<input type="checkbox"/>
• Confirmation whether the ex-spouse/ex-partner have been remarried e.g. marriage certificate	x		<input type="checkbox"/>
• If a customary union, provide confirmation if dissolved or seperated	x		<input type="checkbox"/>
If spouse/partner is deceased			
• Copy of the spouse/partner's death certificate (where applicable)	x		<input type="checkbox"/>



Children (minor and major)	Approved benefit	Unapproved benefit	Copy provided
• Certified copies of the birth certificates and/or ID documents	x		<input type="checkbox"/>
• For dependants who attend school: confirmation of the fees payable and the grade they are currently in	x		<input type="checkbox"/>
• For dependants studying at tertiary institutions, we require confirmation of the course, course duration, the fees payable and who pays the fees (bursary / loan etc.)	x		<input type="checkbox"/>
• The address where the children are residing	x		<input type="checkbox"/>
• Confirmation of who is supporting and looking after the children	x		<input type="checkbox"/>
• Whether the children lived with the deceased member	x		<input type="checkbox"/>
• For major children who are not studying, confirmation of the income and expenses of	x		<input type="checkbox"/>
• The full extent (Rand amount) of the monthly monetary support provided by the deceased member per child, and the regularity of the monetary support	x		<input type="checkbox"/>
• Proof and full details of the disability, if applicable. Confirmation if the child is scholar/employable and if he/she can manage their own finances	x		<input type="checkbox"/>
• Details of the guardians, parent/caregiver of the minor children. We also require a guardianship or caregiver affidavit, certified copy of the ID, address and bank details	x		<input type="checkbox"/>
• Confirmation of income of the persons or guardians/caregivers looking after the children	x		<input type="checkbox"/>
<b>Other financial dependants</b>			
• The relationship of each dependant to the deceased member	x		<input type="checkbox"/>
• The nature of their dependency on the deceased member prior to death	x		<input type="checkbox"/>
• The details of their monthly income and expenses	x		<input type="checkbox"/>
• Certified copies of the ID document or a copy of the back <u>and</u> front of the ID smart card documents or birth certificates or Passports	x	x	<input type="checkbox"/>
• Bank details (e.g., copy of bank statement (not older than 3 months) or bank account confirmation letter or cancelled cheque)	x	x	<input type="checkbox"/>
• Proof of financial support provided by the deceased member (affidavit or maintenance order) and the regularity of such support	x		<input type="checkbox"/>
• Source of any other income	x		<input type="checkbox"/>
<b>Deceased member's nominated beneficiaries</b>			
• Copy of the Beneficiary Nomination form	x	x	<input type="checkbox"/>
• The names of nominees	x	x	<input type="checkbox"/>
• The relationship to the deceased member	x		<input type="checkbox"/>
• Certified copies of the ID documents or a copy of the back <u>and</u> front of the ID smart card or Passports	x	x	<input type="checkbox"/>
• The details or relationship of the person verifying information of nominees	x		<input type="checkbox"/>
<b>If no Beneficiary Nomination Form was completed by the deceased member and there are no legal or factual dependants (persons who were financially supported by the deceased member).</b>			
• A copy of the Letter of Authority if the benefit is below R250 000.00. A copy of the Letter of Executorship if the benefit is above R250 000.00	x	x	<input type="checkbox"/>
• The estate late bank details (bank statement)	x	x	<input type="checkbox"/>
<b>If there are no legal or factual dependants but there are nominated beneficiaries who were not financially supported by the deceased member.</b>			
• Confirmation that the estate is solvent (when applicable)	x		<input type="checkbox"/>

*Please note that in addition to the above and as part of the investigation process, the Trustees may request additional documentation/information to assist them in their decision to distribute the death benefit payable in terms of Section 37C of the Pension Funds Act.*

## Section A – Information about the deceased employee's employment details

This section must be completed by the employer/authorised employer representative. Please remember to provide all the relevant requirements as specified on page 1 and 2 of this form.

Fund name		
Fund number		
Employee's fund member number		
Full name of deceased employee		
Date of birth		Date of death
ID/passport number		
Cause of death (where natural/unnatural state exact cause i.e. stroke, heart attack, etc.)		
Date joined company		
Date fund commenced		
Date joined fund		

## Employee tax details

Income tax number		
Deceased employee's annual income	R	(12 months preceding death)
Member's residential (home) address		Postal code
Member's postal address		Postal code

## Employer's details

PAYE reference number		
PAYE contact person	Contact number	
Postal address		Postal code
Physical address		Postal code

## Section B – List of all the beneficiaries and dependants of the deceased employee

This section must be completed by the employer/authorised employer representative.

### Legal dependants

A person who is legally entitled to be maintained by the deceased member due to their relationship e.g. spouse or biological child.

Surname	Full names	ID/Passport number/date of birth	Relationship (e.g. spouse, partner, daughter)

### Factual dependants

Any other person living with the deceased member or who was financially dependent on him/her e.g. mother, father, ex-spouse where he/she was paying maintenance or children of which the deceased member was the guardian.

**Note:** This is required to determine shared living expenses.

Surname	Full names	ID/Passport number/date of birth	Relationship (e.g. spouse, partner, daughter)



**Section C – Information about the employee's spouse/life partner**

This section must be completed by the spouse.

Please complete this page for **each** spouse, if the deceased member was married and/or previously married at date of death. Spouse refers to civil law wife, customary wife, marriage of same gender and life time partner.

Full name \_\_\_\_\_  
ID number \_\_\_\_\_  
Residential address \_\_\_\_\_ Postal code \_\_\_\_\_  
Type of marriage ☐ Civil wife ☐ Marriage of same gender ☐ Customary union ☐ Lifetime partner  
Date of marriage \_\_\_\_\_ Date you and the deceased started living together \_\_\_\_\_  
Contact numbers Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_  
Email Address \_\_\_\_\_

**Banking details**

Name of bank \_\_\_\_\_  
Branch name \_\_\_\_\_ Branch code \_\_\_\_\_  
Account number \_\_\_\_\_  
Type of account ☐ Cheque ☐ Savings ☐ Transmission

**Note: Providing this information does not guarantee that you will receive a portion of the benefit**

Are you currently employed? ☐ Yes ☐ No  
Monthly Nett salary **R** \_\_\_\_\_  
If unemployed, were you previously employed and in what capacity? ☐ Yes ☐ No \_\_\_\_\_  
Were you in any way financial dependent on the deceased? If "Yes", please complete annexure 1 ☐ Yes ☐ No  
Did you and the deceased share expenses? If "Yes", please complete annexure 2 ☐ Yes ☐ No  
Were you and the deceased living together on a full time basis at the date of death ☐ Yes ☐ No  
If "No", please provide details: \_\_\_\_\_  
Will you receive any money from other policies? ☐ Yes ☐ No  
If "Yes", please provide details and amount \_\_\_\_\_

Insurance company's name	Beneficiary (heir)	Policy number	Value to be paid to each person

What type of residence do you live in ☐ House ☐ Townhouse ☐ Flat ☐ Squatter ☐ Plot  
Is the property registered in your name? ☐ Yes ☐ No  
Is the property bonded? ☐ Yes ☐ No If "Yes", provide outstanding bond amount **R** \_\_\_\_\_  
Is there insurance in place to settle the bond? ☐ Yes ☐ No  
What is your highest level of education? \_\_\_\_\_  
Do you know how to work with money? ☐ Yes ☐ No  
Please advise if you are aware of any other person/s that were financially dependent on the deceased as at date of death. ☐ Yes ☐ No  
If "Yes", please provide the following:

Full names: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact numbers: \_\_\_\_\_

I have completed this form and I understand the information on this document, and to the best of my knowledge it is true and correct.

\_\_\_\_\_  
Name of spouse/life partner

\_\_\_\_\_  
Signature of spouse/life partner

\_\_\_\_\_  
Date

Employer's proposed distribution if a valid nomination of beneficiary form is not available

Surname	Full names	ID/Passport number/date of birth	Relationship	Share %
				%
				%
				%
				%
				%

I obtained the necessary consent to share the personal information of the above dependants and beneficiaries.

\_\_\_\_\_  
Name of employer representative (as per  
Liberty Corporate records)

\_\_\_\_\_  
Signature of employer representative

\_\_\_\_\_  
Date

How will this child's living conditions change following the death of the employee? (e.g. house to be sold, live with family etc.)

Please confirm effective date of guardianship / when the caregiver started looking after the minor child

Is the child at crèche, school, university, etc. ☐ Crèche ☐ School ☐ University/college ☐ Other:

If so, please confirm which level the child is currently completing

Is the guardian in good health and of sober habits?

☐ Yes ☐ No

What is the highest level of the education the guardian has achieved?

Do you own any assets i.e. property, investments, endowment or life policies etc.? If "Yes", provide details:

☐ Yes ☐ No

Monthly household expenditure (complete Annexure 1)

What are your intentions to safeguard the minor child's benefit?

I have completed this form, I understand the information on this document, and to the best of my knowledge it is true and correct. I have obtained the necessary consent from the minor children's competent person\* to share this personal information with Liberty and the trustees

Name of guardian/caregiver

Signature of guardian/caregiver

Date

\*Competent person means any person who is legally competent to consent to any action or decision being taken in respect of any matter concerning a child.

### Section F – Major children's details (over the age of 18 year) – Guardian where applicable

This section must be completion by the guardian, caregiver or adult child.

Child means biological child, posthumous child, legally adopted child, step child - complete this section for each child.

Child number ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Full name

Gender

Relationship to the deceased

☐ Biological child

☐ Adopted child

☐ Step child

☐ Posthumous child (born after employee died)

Contact details: Email

Cell

Home

Work

Child's banking details:

Bank name

Branch name

Branch code

Account number

Type of account:

☐ Cheque

☐ Savings

☐ Transmission

**Note: Providing this information does not guarantee that you will receive a portion of the benefit**

Were the deceased and child living together at date of death? ☐ Yes ☐ No

If "No", please provide details:

Was the child in any way financially dependent on the deceased? ☐ Yes ☐ No

If "Yes", state how often and how much support:

R

Name of university or college, duration and current year (if studying)

What is the child's highest level of the education?

Cost for education including living expenses, transport, books, etc. (if studying)

**For disabled children (\*special circumstances)**

Studies funded by bursary/loan/other, provide details

Date of incapacity

Employment status

☐ Self employed

☐ Temporary

☐ Permanent

☐ Unemployed

If unemployed, was he/she previously employed?

☐ Yes ☐ No

If "Yes", please provide details:



**Section D – Estate and additional policy details**

This section must be completed by the spouse, family representative (if spouse unable to complete) or executor.

Did the deceased have a Will? ☐ Yes ☐ No If "Yes", please provide a copy.

Executor's name (person chosen in the will to finalise the estate) \_\_\_\_\_

Executor's email address \_\_\_\_\_

Executor's contact numbers: Cell \_\_\_\_\_ Work \_\_\_\_\_

We may require a copy of the liquidation and distribution account even if the preliminary one is available.

Please provide details for other policies:

Insurance company's name	Beneficiary (heir)	Policy number	Value to be paid to each person

I have completed this form and I understand the information on this document, and to the best of my knowledge it is true and correct.

\_\_\_\_\_  
Name of spouse/life partner/family  
representative/executor

\_\_\_\_\_  
Signature of spouse/life partner/family  
representative/executor

\_\_\_\_\_  
Date

**Section E – Minor children's details (under the age of 18 years)**

This section must be completed by the guardian or caregiver. Note: A guardian can be a biological parent or the legally appointed primary caretaker of a child or minor. A guardian does not have to be directly related to the child or adopt him/her, but has to make all legal and pertinent decisions pertaining to a child's education and life.

Please complete this page for each child under the age of 18. Child means a biological child, a child born after the member's death, legally adopted child and/or step child

Child number ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Child's full name \_\_\_\_\_

Child's date of birth \_\_\_\_\_

Gender \_\_\_\_\_

Child's relationship to the  
deceased ☐ Biological child  
☐ Step child

☐ Adopted child  
☐ Posthumous child (born after employee died)

Guardian's/caregiver's of the minor child's name \_\_\_\_\_

Guardian's/caregiver's identity number \_\_\_\_\_

Guardian's/caregiver's residential address \_\_\_\_\_

Postal code \_\_\_\_\_

Guardian's/caregiver's contact details: Email \_\_\_\_\_

Cell number \_\_\_\_\_

Guardian's/caregiver's tax number \_\_\_\_\_

Relationship of guardian/caregiver to minor child \_\_\_\_\_

**Banking details of guardian/caregiver**

Name bank \_\_\_\_\_

Branch name \_\_\_\_\_

Branch code \_\_\_\_\_

Account number \_\_\_\_\_

Type of account: ☐ Cheque ☐ Savings ☐ Transmission

Note: Providing this information does not guarantee that you will receive a portion of the benefit

Were the deceased and child living together at date of death? ☐ Yes ☐ No

If "No", please provide details: \_\_\_\_\_

Was the child in any way financially dependent on the deceased? ☐ Yes ☐ No

If "Yes", state how often and how much support. \_\_\_\_\_

R \_\_\_\_\_

Monthly household expenditure (please complete Annexure 1)

If the child is married, is he/she taken care of financially by his/her spouse and is the spouse employed? ☐ Yes ☐ No

Please advise if you are aware of any other person /s that were financially dependent on the deceased as at date of death. ☐ Yes ☐ No  
If "Yes", please provide the following:

Full name

Address

Contact numbers

\_\_\_\_\_  
Name of major/guardian/caregiver

\_\_\_\_\_  
Signature of major/guardian/caregiver

\_\_\_\_\_  
Date

### Section G – Parents of the deceased

**This section must be completed by the surviving parents of the deceased if they were financially dependents/living with the deceased.**

**Please note:** The Trustees must ensure that all dependants/beneficiaries are treated equitably (fair, not equal) and therefore, completing these details does not mean that a benefit will become due.  
Other financial dependants refers to persons who were financially supported by the deceased member while he/she was still alive, e.g. parents, siblings of the deceased member. Complete this section for each person.

Full name

Date of birth

Relationship to the deceased

Residential home address

\_\_\_\_\_  
Postal code

Email address

Contact details

Cell

Home

Work

#### Banking details

Bank name

Branch name

Branch code

Account number

Type of account

☐ Cheque

☐ Savings

☐ Transmission

**Note: Providing this information does not guarantee that you will receive a portion of the benefit**

Were you and the deceased living together on a full time basis at the date of death? ☐ Yes ☐ No

Were you in any way financially dependent on the deceased? ☐ Yes ☐ No

If "Yes", state how often and how much support

R

Employment status:

☐ Self-employed

☐ Temporary

☐ Permanent

☐ Unemployed

If unemployed, were you previously employed?

☐ Yes ☐ No

If "Yes", please provide details:

Monthly household income and expenditure (complete Annexure 1)

R

If married, are you taken care of financially by your spouse?

☐ Yes ☐ No

Please advise if you are aware of any other person/s that were financially dependent on the deceased as at date of death. ☐ Yes ☐ No

If Yes, please provide the following:

Full name

Address

Contact numbers

\_\_\_\_\_  
Name of claimant

\_\_\_\_\_  
Signature of claimant

\_\_\_\_\_  
Date

## Section H – Other financial dependents

### This section must be completed by the claimant

**Please note:** The Trustees must ensure that all dependents/beneficiaries are treated equitably (fair, not equal) and therefore completing these details does not mean that a benefit will become due.

Other financial dependents refers to persons who were financially supported by the deceased member while he/she was still alive, e.g. parents, siblings of the deceased member. Complete this section for each person.

Full name			
Date of birth			
Relationship to the deceased			
Residential home address			
	Postal code		
Email address			
Contact details	Cell	Home	Work

### Banking Details

Bank name			
Branch name		Branch code	
Account number			
Type of account	<input type="checkbox"/> Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission

**Note:** Providing this information does not guarantee that you will receive a portion of the benefit

Were you and the deceased living together on a full time basis at the date of death ☐ Yes ☐ No

If No, please provide details as to why? \_\_\_\_\_

Were you in any way financially dependent on the deceased ☐ Yes ☐ No

If yes, state how often and how much support \_\_\_\_\_

Name of university or college (if studying) \_\_\_\_\_

Number of years to complete studies (if studying) \_\_\_\_\_

Costs for education including, living expenses, transport, books, etc. (if studying) \_\_\_\_\_

### For Disabled Dependents (\*Special circumstances)

Studies funded by bursary/loan/other, provide details \_\_\_\_\_

Date of incapacity \_\_\_\_\_

What is your highest level of education? \_\_\_\_\_

Employment status: ☐ Self-employed ☐ Temporary ☐ Permanent ☐ Unemployed

If unemployed, were you previously employed? ☐ Yes ☐ No

If yes, please provide details \_\_\_\_\_

Monthly household income and expenditure (complete annexure 1) R \_\_\_\_\_

If married, are taken care of financially by your spouse? ☐ Yes ☐ No

I have completed this form, I understand the information in this document, and to the best of my knowledge it is true and correct

\_\_\_\_\_  
Name of claimant

\_\_\_\_\_  
Signature of claimant

\_\_\_\_\_  
Date



**Annexure 2 – Monthly Household Income and Expenditure**

**Note:** To be completed for by the spouse/life partner where expenses were shared with the deceased, to make an equitable decision.

	Spouse/life partner	Deceased
<b>Income</b>		
Nett Monthly salary/Wage	R	R
Income from informal trading	R	R
Own business	R	R
Old age pension/disability grant/social grant	R	R
Investments/annuities etc.	R	R
<b>Total monthly income</b>	<b>R</b>	<b>R</b>
<b>Monthly expenditure</b>	<b>Spouse's contribution towards expenses</b>	<b>Deceased's contribution towards expenses</b>
Bond/rent (circle applicable one)	R	R
Electricity and water	R	R
Telephone/ Cell phone	R	R
Groceries	R	R
School/university fees/after care	R	R
Extra-curricular activities	R	R
Vehicle expenses	R	R
Transport	R	R
Medical expenses	R	R
Loan repayments	R	R
Accounts (HP/furniture/clothing etc.)	R	R
Other (specify)	R	R
Other (specify)	R	R
Other (specify)	R	R
Other (specify)	R	R
<b>Total monthly expenditure</b>	<b>R</b>	<b>R</b>

**Declaration**

I have completed this form, I understand the information on this document and to the best of my best knowledge it is true and correct.

\_\_\_\_\_  
Name of spouse/life partner

\_\_\_\_\_  
Signature of spouse/life partner

\_\_\_\_\_  
Date

## Annexure 1 – Monthly Household Income and Expenditure

Note: To be completed for each claimant to determine the circumstances of each household to make an equitable decision.

	Claimant 1	Claimant 2	Claimant 3	Claimant 4
<b>Name of Claimant</b>				
<b>Relationship to the deceased</b>				
<b>Income</b>				
Monthly salary / Wage	R	R	R	R
Income from informal trading	R	R	R	R
Own business	R	R	R	R
Old age pension/disability grant/social grant	R	R	R	R
Investments/annuities etc.	R	R	R	R
<b>Total monthly income</b>	<b>R</b>	<b>R</b>	<b>R</b>	<b>R</b>
<b>Monthly expenditure</b>				
Bond/rent (circle applicable one)	R	R	R	R
Electricity and water	R	R	R	R
Telephone/ Cell phone	R	R	R	R
Groceries	R	R	R	R
School/university fees/after care	R	R	R	R
Extra-curricular activities	R	R	R	R
Vehicle expenses	R	R	R	R
Transport	R	R	R	R
Medical expenses	R	R	R	R
Loan repayments	R	R	R	R
Accounts (HP/furniture/clothing etc.)	R	R	R	R
Other (specify)	R	R	R	R
Other (specify)	R	R	R	R
Other (specify)	R	R	R	R
Other (specify)	R	R	R	R
<b>Total monthly expenditure</b>	<b>R</b>	<b>R</b>	<b>R</b>	<b>R</b>

### Declaration

I have completed this form, I understand the information on this document and to the best of my best knowledge it is true and correct.

_____ Name of claimant 1	_____ Signature of claimant 1	_____ Date
_____ Name of claimant 2	_____ Signature of claimant 2	_____ Date
_____ Name of claimant 3	_____ Signature of claimant 3	_____ Date
_____ Name of claimant 4	_____ Signature of claimant 4	_____ Date

### Annexure 3 – Dependents who do not wish to claim

This form should be completed by an adult who is a dependent of the Deceased, but who does not wish to claim or receive any benefits from the Fund.

**Please note:**

The following persons qualify as dependents in terms of the Pension Funds Act:

- A spouse, who concluded a customary marriage, civil marriage, registered civil union or marriage in accordance with a widely recognised religion.
- Children (biological, legally adopted and children born outside of marriage).
- Anyone proven to be factually dependent on the Deceased for maintenance/financial support at date of death.
- Anyone to whom the Deceased was legally liable for maintenance/financial support (e.g. in terms of divorce agreements and maintenance orders) or would have become legally liable for maintenance, had the deceased not died (e.g. engaged to be married, unborn children).

Please attach a certified copy of your ID document/copy of the back and front of the ID smart card to this form.

#### Section 1 - Member details

Member's name	Member's Surname
Member's ID number	Membership number

#### Section 2 - Sworn statement by dependant who do not wish to claim

Dependant's name	Dependent's Surname
Dependant's ID number	Dependent's phone number
Email address	
Address	Postal code

I, \_\_\_\_\_ (full names and surname) declare

under oath, in full knowledge of my rights, and having had the opportunity to take advice, that I do not want to claim from or be paid any benefit by the Fund arising from the death of the Deceased and waive any right I might have to such benefit. I confirm that I have been informed that I might qualify to be paid a portion of the death benefit.

Reason why I do not wish to receive any portion of the benefit: \_\_\_\_\_

\_\_\_\_\_  
Signature of person waiving their right to claim or be paid any benefit

\_\_\_\_\_  
Date

#### Section 3 - Statement by a Commissioner of Oaths

Commissioner of Oaths' full name and surname \_\_\_\_\_

Telephone \_\_\_\_\_

Designation \_\_\_\_\_

The person mentioned above has signed this form in from of me. They have stated that they know and understand the contents of this affidavit. They have confirmed that they have no objections to this oath, and that the oath is binding on their conscience.

Official Stamp

\_\_\_\_\_  
Signature of Commissioner of Oaths

\_\_\_\_\_  
Date



## Contact us

Liberty, in agreement with the Trustees, currently processes death claims in line with the following timeframes:

Approved death benefit:	<b>10 working days (Once the 20 day objection period has expired)</b>
Unapproved death benefit:	<b>5 working days (on receipt of all required documentation)</b>

Please **ONLY** contact us if you have not received payment within this timeframe.

### Note:

Should Liberty be prevented from carrying out any of its obligations in terms of this claim because of factors beyond Liberty's control ("Force Majeure"), Liberty will notify the Employer of the circumstances and nature of the Force Majeure as well as the estimated duration and extent to which Liberty's performance is made impossible.

Under such circumstances, Liberty's obligations under the claim will be suspended until the circumstances causing the Force Majeure ends and Liberty will not be liable to the Beneficiary for any damages whatsoever caused to the Beneficiary due to Liberty's inability to perform its obligations in terms of the claim.

Force Majeure includes, acts of God, acts of the State or Government, total national electricity failure, exceptionally adverse natural disasters, weather conditions, riot, insurrection, sanctions, sabotage, terrorism, political or civil disturbance, war, boycotts, embargo, strikes, lock-out, shortages of labour or materials, material delays in public transport or any similar circumstances beyond the reasonable control of Liberty.

For more information, please contact your accredited Liberty financial adviser, or the Liberty Corporate support centre:

### Contact centre

Tel.: +27 (0)11 558 2999

Fax: +27 (0)11 694 5309

Email address: [lc.contact@liberty.co.za](mailto:lc.contact@liberty.co.za)

Alternatively, you can write to us or visit our walk-in centre in Johannesburg.

Contact centre – Postal address	OR	Walk-in centre address
<b>Liberty Corporate</b> P O Box 2094 Johannesburg 2000		<b>Libridge Building – 9<sup>th</sup> floor</b> 25 Ameshoff Street Braamfontein Johannesburg

## Complaints

If your query, or issues that arise from it, are not resolved to your satisfaction by your financial adviser or our servicing staff within a mutually agreed timeframe, you may lodge a complaint with us by accessing our complaints form on <http://www.liberty.co.za/Pages/contact-us.aspx>.

Alternatively, you may submit your complaint, in writing to:

The Complaints Resolution Manager	OR	The Liberty Internal Adjudicator
<b>Liberty Corporate</b> P O Box 2094, Johannesburg, 2000 Email address: <a href="mailto:lc.complaints@liberty.co.za">lc.complaints@liberty.co.za</a> Tel number: +27 (0)11 408 2771 Fax number: +27 (0)11 408 4440		<b>Liberty Group</b> P O Box 10499, Johannesburg, 2000 Email address: <a href="mailto:internaladjudicator@liberty.co.za">internaladjudicator@liberty.co.za</a> Fax number: +27 (0)11 408 4195

Please include as much detail as possible and copies of documentation where available, as this will speed up the resolution process, including:

- The fund/participating employer and member numbers relating to the query/complaint
- What you are expecting from us in terms of resolving the issue(s)
- Your contact details so that we can get hold of you
- Any correspondence from Liberty that lead to the query
- The names of the people you have dealt with so far, if applicable
- The dates and times of these contacts
- Any other event that triggered the query, for example, an article in a newspaper

Our complaints handling procedure is available from our website ([www.liberty.co.za](http://www.liberty.co.za)) or we can send it to you on request. You must refer **complaints resulting from advice provided by an independent broker or another financial services provider** to the broker or financial services provider concerned.

We will endeavour to address and resolve your complaint. However, in the event of your complaint not being resolved to your satisfaction, and after following our complaints handling procedure, you may contact the following for assistance.

## Fund complaints

### The Principal Officer

The Principal Officer is responsible and accountable for the day-to-day affairs of the Fund. If you have any unresolved complaints regarding the Fund, you may contact the Principal Officer of your Fund. Their contact details are available from your Fund Administrator.

### The Pension Funds Adjudicator

If you have any unresolved complaints about your **corporate fund** (pension, provident or preservation fund) that are subject to the jurisdiction of the Pension Funds Act 24 of 1956, you may contact the Pension Funds Adjudicator at:

P O Box 580, Menlyn, 0063

Email address [enquiries@pfa.co.za](mailto:enquiries@pfa.co.za)

Tel. number +27 (0)12 748 4000

Fax number 086 693 7472

### **The Ombudsman for Long-term Insurance**

If you have any unresolved complaints about a long-term insurance policy (death, disability, dread disease, etc.) that is subject to the jurisdiction of the Long-term Insurance Act 52 of 1998, you may contact the Long-term Insurance Ombudsman at:

Ombudsman for Long-term Insurance:

Email address: [info@ombud.co.za](mailto:info@ombud.co.za)

Tel. number: +27 (0)21 657 5000

Sharecall: +27 (0)86 010 3236

Fax: +27 (0)21 674 0951

### **Complaints against a financial adviser**

#### **The FAIS Ombudsman**

If you have any unresolved complaints or disputes about advice that was given to you by a financial adviser after 30 September 2004, contact the FAIS Ombudsman at:

PO Box 74571, Lynnwood Ridge, 0010

Email address: [info@faisombud.co.za](mailto:info@faisombud.co.za)

Tel number: +27 (0)12 470 9080

Fax number: +27 (0)12 348 3447





## Who needs financial support when I die?



### Why do I need to complete this form?

If you die while you work for your employer, the people you choose to support financially in this form will get a share of your retirement savings from the retirement fund.

To ensure that your loved ones are taken care of when you're not there to look after them any more, we need information about you and them in this form.



### Before you fill in the rest of the form

#### Who is a beneficiary?

It could be your mother, your spouse, your children, or anyone else in your life who depend on you financially, even a charity. These people are called your beneficiaries.

#### How will my retirement savings be shared out when I die?

The law says the trustees who run the retirement fund have to decide how your retirement savings will be shared out among your beneficiaries. They have to trace all your family members and dependants and decide who to share your retirement savings with and how much to give each person.

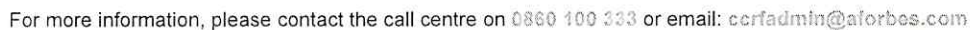
#### Will the trustees carry out my wishes in this form?

By law this form is an expression of your *wishes* to guide the trustees. However, it's *not a legally binding will*. The trustees will consider this form, and the management committee of the fund can help them with this information, but the trustees have the final say. You may include any additional information in the **Notes** box on page 2 that you believe may be useful to the board of trustees in making a fair decision.

#### What if I don't want a family member to receive a share of my retirement savings?

Allocate 0% and explain why in the **Notes** box.





Fill in the details below.

First name and surname

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

Identity or passport number

[illegible]

Date of birth

[illegible]

### Emergency contact

First name and surname

[illegible]

## Contact details

Cell

[illegible]

Hom

[illegible]

Email

[illegible]

**Step 1: List all your dependants in the table below**

- Spouse, partner and children (of any age)
- Anyone else who is currently financially dependent on you
- People who you need to pay maintenance to

If there are dependants you don't mention, this can delay payment of a claim. If no one is financially dependent on you in any way, you can choose someone else as a beneficiary (family or even a charity).

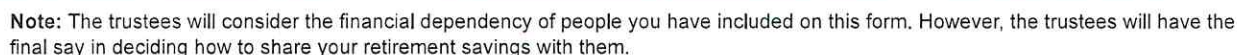
**Step 2: Now allocate a percentage to each person**

Show the percentage of your retirement savings to be paid to each person – it can be 0%. Where it is 0%, please give a reason in the **Notes** box. For example, 'My adult daughter has a full-time job and does not depend on me financially' or 'I have a separate insurance policy in place for my spouse'.

Step 1					Step 2		
Name and surname	Identity or passport number	What is their relationship to you? For example granddaughter	Do you support this person financially? <small>Please tick (✓) one of the options below.</small>		Out of 100, what percentage would you like each beneficiary to receive?		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No			%
			<input type="checkbox"/> Yes	<input type="checkbox"/> No			%
			<input type="checkbox"/> Yes	<input type="checkbox"/> No			%
			<input type="checkbox"/> Yes	<input type="checkbox"/> No			%
			<input type="checkbox"/> Yes	<input type="checkbox"/> No			%
			<input type="checkbox"/> Yes	<input type="checkbox"/> No			%
			<input type="checkbox"/> Yes	<input type="checkbox"/> No			%
			<input type="checkbox"/> Yes	<input type="checkbox"/> No			%
Check that this all adds up to 100.					1	0	0 %

Is there anything you would like the trustees to know about your decision?

**Notes:**

[illegible]

If you need help understanding this form, please contact the call centre on 0860 100 333 or email [ccrfadmin@aforbes.com](mailto:ccrfadmin@aforbes.com).







For more information, please contact the call centre on 0860 100 333 or email: [ccrfadmin@aforbes.com](mailto:ccrfadmin@aforbes.com)

## More details about your beneficiaries

Now that you have chosen who your beneficiaries will be, we are going to need some additional information about them in the rest of the form:

- Date of birth (only if you have given their passport number)
- Home address
- Contact details

Please complete the additional information below about your beneficiaries.

### Beneficiary 1

Name and surname

Date of birth

#### Residential address

Street or unit number Street, complex or farm name

Suburb or village

City or town

Country

Code

#### Contact details

Cell

Home

Email

### Beneficiary 2

Name and surname

Date of birth

**Residential address:** If this person lives at the same address as another beneficiary, you don't have to fill in the address details below.

Simply complete: Same address as Beneficiary number:

Street or unit number Street, complex or farm name

Suburb or village

City or town

Country

Code

#### Contact details

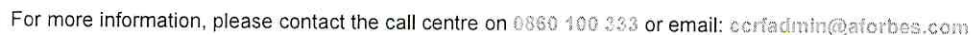
Cell

Home

Email





[illegible]





For more information, please contact the call centre on 0860 100 333 or email: [ccrfadmin@aforbes.com](mailto:ccrfadmin@aforbes.com)

### Beneficiary 6

Name and surname

Date of birth

*Residential address: If this person lives at the same address as another beneficiary, you don't have to fill in the address details below.*

Simply complete: Same address as Beneficiary number:

Street or unit number

Street, complex or farm name

Suburb or village

City or town

Country

Code

#### Contact details

Cell

Home

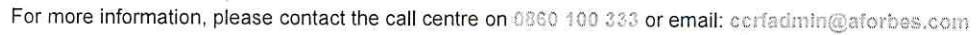
Email



If you would like to select more beneficiaries, please make a copy of this page to complete and submit it with the rest of this form.







## Your declaration

1. You, the retirement fund member, are aware that your financial situation – and that of the people you listed as beneficiaries on this form – may change.
2. If you want to make any changes to this form, you must give an updated form to your HR department. It is important for you to update this form whenever you go through a big life event such as when you marry, divorce or have a child.
3. You understand this form is an expression of your wishes but the board of trustees of the retirement fund have the final say on how your retirement savings will be shared.
4. The *Pension Funds Act* requires the trustees to make a fair decision on how your retirement savings will be shared.
5. If there is any loss as a result of incorrect information given, neither Alexander Forbes nor the fund is responsible for the losses.
6. You have given contact details for your beneficiaries and dated this form. If this is not done, it could be difficult for the trustees to trace your family members, which might cause a delay in paying them.

10	12	14	16	18	20	22	24	26	28
----	----	----	----	----	----	----	----	----	----



Alexander Forbes Retirement Fund - Namibia Logistics (Pty) Ltd T/A Namlog

- for as long as we or the fund needs it to act on your instructions
- if the law requires it
- so that we can communicate with you about our services and products where appropriate

If you wish to update or correct your personal information, please contact us using the details provided.

You may not copy, store, retrieve or reproduce this document without our express written permission.









## Section 1 | About you (the member)

Fill in the details below.

Your name(s) \_\_\_\_\_

[illegible]

0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100

## Residential address

[illegible][illegible]

--	--	--	--	--	--

[illegible]

1990 1995 2000 2005 2010

[illegible]

--	--	--	--	--

Postal address \_\_\_\_\_

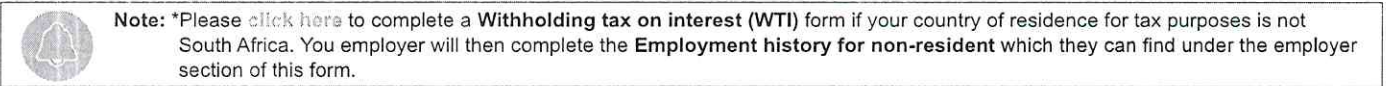
Year	1990	1991	1992	1993	1994
1990	1991	1992	1993	1994	1995

## Contact details

Please give us your *personal* (not professional) contact details.

[illegible][illegible]

### Tax details

[illegible]





## Section 2 | Transfer

## Move your money to another fund.

Here are some options available to you if you choose to transfer your savings.

- AFRIS. [Click here](#) to find out more.
- Your new employer
- Other

If you are unsure of your options, please call an adviser on 0860 100 444.

Will you be transferring all of your savings, or some of your savings? Please tick one of the options:

- ☐
- Transfer all my savings

Or

- Transfer **some** of my savings; I wish to withdraw **some** of my savings\*

*\*The savings you withdraw may be taxed*

**Please fill in your fund and adviser details below, for us to transfer your money correctly.**

New fund name

[illegible]

Contact details of financial adviser or fund administrator

*If you are transferring to your new employer, please fill in the fund administrator's contact details below.*

Name \_\_\_\_\_

[illegible]

Email

[illegible]

Cell

[illegible]

## Work

[illegible]

If you would like to withdraw ~~some~~ of your savings, please fill in the details below.

*Do not complete if you are transferring all of your savings.*

How much would you like to withdraw? R



Note: Your cash benefit may be taxed, and could affect your future retirement savings. For guidance on this please visit the SARS website on [www.sars.gov.za](http://www.sars.gov.za).

**Fill in the details below.**

Please give us your own personal bank details and not someone else's.

Account holder's name

[illegible]

Name of bank

[illegible]

Account number

[illegible]

Branch code

[illegible]

1000

Cheque or



## Savings





### Section 3 | Withdraw all your savings

**Fill in the details below if you have chosen to withdraw all your savings.**

Please give us your own personal bank details and not someone else's.

Account holder's name

[illegible]

Name of bank

[illegible]

Account number

[illegible]

Branch code

--	--	--	--	--



Cheque or

 Savings:



**Note:** Your cash benefit may be taxed, and could affect your future retirement savings. For guidance on this please visit the SARS website on [www.sars.gov.za](http://www.sars.gov.za).

## Section 4 | Your declaration (the member)

**Please read and sign that you agree with the following:**

1. You understand your options, including the tax implications.
2. If there is any loss as a result of incorrect information given, neither Alexander Forbes nor the fund are responsible for the losses.
3. You made your own decision or were assisted by an adviser.
4. When all your information has been received, we will process your decision according to the fund rules and the withdrawal process.
5. If you are in debt to your employer, your savings will be used to pay the debt in terms of section 37D of the *Pension Funds Act*.
6. Once you have chosen an option and SARS has issued a directive, the directive cannot be cancelled.

Full name

[illegible]

Sign here

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Date \_\_\_\_\_

U    L    N    K    Y    a    t    Z

## Personal information, privacy and security

Alexander Forbes takes data protection seriously. We will look after your personal information carefully.

We will keep your personal information or share it with third parties in the following cases:

- for as long as we or the fund needs to act on your instructions
- if the law requires it
- so that we can communicate with you about our services and products where appropriate

If you provide us with the details of other people, you confirm that you have the permission or authority to do so.

Once we no longer have a need or legal basis to keep your personal information, we will dispose of it securely.

If you wish to update or correct your personal information, please contact us using the details provided.



## Section 5 Employer to complete

1	2	3	4	5	6	7	8	9	10
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[illegible]

## Reason for member leaving the employer:

☐ Resignation    ☐ Dismissal    ☐ Qualifying retrenchment\*    ☐ Non-qualifying retrenchment\*\*

\* Qualifying retrenchment occurs when your employer:

- has stopped or intends to stop the job the member was employed to do
- no longer needs the member's service

\*\* Non-qualifying retrenchment occurs when the member:

- owns more than 5% of the issued share capital or member's interest in the company the member is leaving.
- does not meet the criteria for Qualifying retrenchment.

### Amounts owed to the employer

Fill in this section if there is an amount to be deducted from the member's benefit and paid to the employer in terms of section 37D of the *Pension Funds Act*. \*\*\*

Amount to be deducted from the benefit and paid to the employer: R | | | | . | or ☐ Not applicable

\*\*\* Debt includes:

1. Debt for a housing loan, if one of the following has occurred:

- The fund or the employer gave a housing loan to the member and the member owes money on the loan.
- The fund or the employer provided a guarantee for a housing loan for the member and the guarantee is enforced.

2. Debt arising from theft, dishonesty, fraud or misconduct. If the employer has experienced loss because of this, and one of the following has occurred:

- The member admitted responsibility (liability) in writing.
- There is a court judgment against the member.
- If the above applies, please attach a copy of:
  - the court order
  - the member's admission of liability



**Note:** Please [click here](#) to complete an indebtedness form if there is an amount to be deducted.

**Note:** If the members country of residence is not South Africa please [click here](#) to complete this one page form and submit to the administrator.

### Employer declaration

**Please read and sign that you agree with the following:**

1. The member has left or is leaving your employment.
2. The correct contribution was deducted and paid to the fund up to the member's leaving date.
3. If there is any loss as a result of incorrect information given, neither Alexander Forbes nor the fund are responsible for the losses.
4. You have given the member a copy of this form with their available options.
5. If the member has not signed or completed this form, you have signed this page and the member will remain in the default option.

Name and surname

[illegible]

Job title

[illegible]

Sign here \_\_\_\_\_

Date \_\_\_\_\_



By signing here, you declare that you are duly authorised to do so.





## Funeral benefit claim

**The purpose of this form is to claim funds for a funeral.**

In this form:

- 'You' refers to the person named on this form as the claimant. A claimant is a person making a claim.
- 'We' and 'us' refer to the company in Alexander Forbes that is shown at the top of this form, who is the administrator of the fund.
- 'Fund' refers to the fund that is providing the funeral benefit.

### Key points to understand about this form

Please read this document carefully, and contact us if you have any questions. You should sign the form only if you agree to all the terms and conditions in it. The form is part of the member's contract with us. You must make sure that all the information is correct and that all parts of the form are complete. We have the right to treat the information given in the form as accurate and complete. If you make changes to what you have already filled in, you must sign next to each change.

### Documents you must attach to this form

You must attach the following documents to this form:

- a certified copy of the identity document
- a certified copy of the death certificate
- a certified copy of the identity document of the person who died (if different from the member)
- a certified copy of the identity document of the person making the claim
- For death of:
  - a **spouse**: a certified copy of the marriage certificate or satisfactory affidavit as proof
  - a **biological child**: a certified copy of the marriage certificate and the child's birth certificate
  - an **adopted child**: a certified copy of the adoption certificate
  - a **child born when the parents are not married**: an affidavit certified by a Commissioner of Oaths
  - a **stepchild**: a certified copy of the relevant marriage certificate and child's birth certificate
- a copy of a payslip showing contribution to the fund

Note: A spouse is a person who was:

- married to the member under the laws of South Africa, according to the laws of religion or in a customary union
- living with the member in a long-term relationship.

All the documents that we ask for must be certified by a Commissioner of Oaths. You must ask the Commissioner of Oaths to include:

- their name, designation and location
- the words 'true copy of the original' on each document.

You can find a Commissioner of Oaths at a bank or police station in South Africa.

### Follow these steps

1. You need to fill out the form. You do have the option of filling in this form electronically and printing the electronic version of the form to be signed.
2. You must sign the form and date it.
3. Attach the documents requested above to the completed form.
4. Keep the first and second pages to refer to for any queries.
5. Ask your employer to complete the Employer's declaration in the form and to submit it directly to the contact person at Alexander Forbes.

You must send in the claim form as soon as possible. We will start to process your application only when we have received all the documents we need.

### Delays in carrying out your instructions

Neither we nor the fund is responsible for any losses that result from any delays you cause by:

- not filling in this form accurately and completely
- not giving us the documents we ask for.





## Personal information, privacy and security

**FIND OUT** how we protect your personal information, privacy and security.

---

**Alexander Forbes is not responsible for any loss you or anyone else may suffer if important information is left out of this document.**

### How to contact us

- If you want to ask us if we have your personal information, you can contact us at the telephone number shown at the top of the form.
- If your personal information is incorrect, we will change it if you make us aware of this.
- If you want a record of the personal information we have for you, we might charge you a fee for this. Please contact us to find out what the fee is.

### Complaints

- We would like to hear from you if you have a complaint.
  - You can do so in person at any of our offices, by email at [contactus@alexforbes.com](mailto:contactus@alexforbes.com), by phone on 0860 000 279 or +27 (0)11 669 7026 if you're outside South Africa, or by following our complaints process on the website at <http://www.alexforbes.com/za/en/ContactUs/Complaints.aspx>.
  - Please contact us if you have any questions or if you need more information.
-









About the deceased (the person who has died)

Please complete all the information in this section.

## Personal details

Surname

First names

Title  Prof  Dr  Mr  Mrs  Ms  Other (specify) \_\_\_\_\_

ID or passport number

Country of issue

Date of birth

Date of death

## Relationship to member (please tick)

Deceased person was: ☐ Member ☐ Spouse of member ☐ Child of member

Other (please specify) \_\_\_\_\_

## Payment instructions

Please fill out either Section A or Section B below.

## Section A: If you (the claimant) must receive the payment

You must ensure that the bank account details are for your own account and that the account holder's name is correct and matches the name on the bank account.


Account holder's name

Name of bank

Account number

Branch code

Current 

Savings Transmission 

**Section B: If a third party must receive the payment**

If you want the benefit to be paid to a third party, please complete this section in full. You must ensure that the bank account details are for the third party's own account and that the account holder's name is correct and matches the name on the bank account.

Account holder's name

Name of bank

Account number

Branch code

Current 

Savings Transmission 



## Your declaration

By signing this form, you confirm that:

1. Payment of the benefit must be made into the bank account given in Section A or Section B.
2. The details that you have given, including the banking details, are correct and complete.
3. If you have completed Section B, the benefit must be paid to a third party.
4. Payment of the benefit will be the full discharge of the funeral benefit due in terms of the funeral benefit scheme policy.
5. If there is any loss as a result of incorrect details being given in this form, neither the fund nor Alexander Forbes is responsible for the loss.

Your full name

[illegible]

Your signature

Date \_\_\_\_\_

D	D	M	M	Y	Y	Y	Y

### Employer's declaration

In this declaration, 'you' refers to the employer. By signing this section of the form, you confirm that:

1. You have deducted the contribution that was required and you have paid the contribution to the fund.
2. The deceased's details that you have provided to us are complete and accurate. We will accept the claim form as accurate unless you tell us about any changes within one business day of submitting the form. Note: Business days are Mondays to Fridays, excluding Saturdays, Sundays and official South African public holidays.
3. You agree that if anyone suffers any loss because you have given incorrect or incomplete information in this form, neither we nor the fund is responsible for the loss.
4. You have signed the form using a manual stamp and your signature.

Employer's stamp

Authorised signature

Name (print)

[illegible]

Designation

[illegible]

Contact number

[illegible]

Date \_\_\_\_\_

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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## NOMINATION OF BENEFICIARY

*Nomination of beneficiary in the event of death*

### MEMBER DETAILS

Employee number:		Date:	
Surname:			
First name(s):			
Identity / passport number:			

### BENEFICIARY DETAILS

Surname & first name(s)	ID / passport number	Relationship	Contact number	Percentage share of death benefit
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
<b>Total</b>				<b>100%</b>

### NOMINATION FOR MINOR DEPENDANTS

In the event of my death whilst my child(ren) and / or financial dependant(s) are still minors, I wish to elect one of the following options. I direct that payments be made as follows:

	Elect one
(i) A beneficiary trust be established for my minor dependant(s) that caters for their living expenses while they are minors, with the balance of their share of the estate being made payable to each dependant as he or she reaches majority legal status; or	<input type="checkbox"/>
(ii) To the nominated guardian as per the details below:	<input type="checkbox"/>

### NOMINATION OF GUARDIAN FOR MINOR CHILDREN

I nominate the guardian elected below to raise my child(ren) and assist the trustees with identifying financial needs of my child(ren):

Surname and first name(s) guardian:	
Identity / passport number of guardian:	
Relationship to principal member:	
Contact number:	

### MEMBER AUTHORISATION

I, \_\_\_\_\_, ID number (\_\_\_\_\_) hereby confirm my beneficiaries and their entitlement as indicated above in the event of my death. This form replaces all nomination of beneficiary forms previously submitted by me. I also acknowledge that should the amount of my benefit be less than R50 000.00 the benefit will be paid to the guardian of my minor child(ren) / dependant(s). However, should the amount of my benefit be greater than R50 000.00, the benefit should be paid in accordance with the election made above. I understand that this form is an expression of my wishes and is not binding on the Trustees, whose responsibilities are set out in the Pension Funds Act.

Member signature:	Date signed:
HR signature:	Date received:

*Your nomination of beneficiary form will assist the Board of Management of the Transport Sector Retirement Fund in the disposal of your death benefit.*

All personal information disclosed herein is considered as your personal information. Such information is required solely for the purpose of processing your application, and will not be disclosed to any third party at any time and will be kept confidential and secure. This form must be completed and handed to your Human Resources department. You must update this form regularly, as the trustees need this to assist them take a decision on the disposal of death benefits.



# TRANSPORT SECTOR RETIREMENT FUND



## RETIREMENT / WITHDRAWAL NOTIFICATION



### TYPE OF CLAIM (Mark with "X")

Retirement	
Ill-Health Early Retirement	
Abscondment	
Dismissal	X
End of Contract	
Involuntary Retrenchment	
Liquidation	
Paid-up *	
Resignation	
Section 14 Transfer Out	
Transfer to Approved Fund	
Partial Transfer to Approved Fund	
Voluntary Retrenchment	

THIS DOCUMENT HAS TO BE COMPLETED IN FULL.  
REFER TO SECTION F FOR DOCUMENTS TO ATTACH

EMPLOYER STAMP

\* PAID-UP MEMBER means a MEMBER who has made an election to leave his benefit in the FUND on termination of SERVICE for reasons other than retirement, provided that PAID-UP MEMBERS shall not be covered for the multiple of PENSIONABLE SALARY on death or disability

### A. CURRENT EMPLOYER INFORMATION

Name of Employer		Levy Number	
Employer Address			
Region		Contact Person's Cell No	
Contact Person's Name		Contact Person's Tel. No	
Contact Person's Email Address		Contact Person's Fax No	

### B. MEMBER DETAILS

Surname of Member																																
Full Names of Member																																
Member's Physical Address																																
											Country						Code															
Member's Postal Address											Country						Code															
Employee No											System Number																					
Gender (Female/Male)											ID / Passport Number																					
Date of Birth	0	0	0	0	0	0	0	0	0	0	Date Joined Fund									0	0	0	0	0	0	0	0	0	0	0	0	0
Date of Last Contribution	0	0	0	0	0	0	0	0	0	0	Member's Last Contribution Amount									0	0	0	0	0	0	0	0	0	0	0	0	0
Date of Exit from Fund	0	0	0	0	0	0	0	0	0	0	Member's Email Address																					
Member's Tax Number											Member's Tel. / Cell No																					

### C. PAYMENT DETAILS (Please select either option C.1, C.2 or C.3)

#### C. 1 MEMBER TRANSFERRING FUND DETAILS

Your benefit will be transferred via a recognition of transfer form to the below institution's bank account

Name of Account Holder		Name of Bank	
Name of Branch		Type of Account	
Account No		Branch Code	
Fund name		Fund Type	
FSCA Registration number		Name of Institution	
Contact Person's Email address		Contact Person's Tel. No	

#### C. 2 DEFER PAYMENT OF EXIT BENEFIT UNTIL REQUEST IS MADE FOR PAYMENT

YES

NO

Your Member Share will remain in the Fund until you instruct the Fund's administrator to either pay it to you in cash or transfer it to another approved retirement fund in terms of the Fund's rules. You will be issued with a Deferred Membership Certificate

#### C. 3 MEMBER CASH PAYMENT DETAILS

Name of Account Holder		Name of Bank	
Name of Branch		Type of Account	
Account No		Branch Code	

Please note that the benefit will be paid into the above bank account and authorisation is hereby irrevocably given to the Fund and /or the Fund Service Providers to pay such benefit by Electronic Fund Transfer (EFT). Neither the Fund nor the Fund Service Providers will be held liable for any errors, omissions or incorrect details in the information provided. The onus lies with the Member.





#### C. 4 RETIREMENT AFTER 01 MARCH 2021

Note: As a member, you must familiarise yourself with the options available and the respective benefits and implications of each of these options prior to exercising your payment option. If you retire, you have the option to commute a maximum of one third of your benefit in cash, unless your benefit amount is less than the de minimis amount published by the Minister from time to time. You are required to purchase a pension with the residual capital. Many options, alternatives and various products are available and it is advisable to seek professional assistance before making a choice.

Vested Benefit as at 01 March 2021	Tick v		Non Vested Benefit as at 01 March 2021	Tick v
Full Cash Payout		<p><i>*This option is only available to members who were 55 years and older on 01 March 2021.</i></p> <p><i>*Full Cash payout is only available for members whose benefits do not exceed the de minimis amount published by the Minister from time to time currently R 247 500.00</i></p>	Full Cash Payout*	
Part Cash payout, annuity purchase with balance			Part Cash payout, annuity purchase with balance	
Tax Free portion cash payout, annuity purchase with balance			Tax Free portion cash payout, annuity purchase with balance	
Full annuity purchase, no cash payout			Full annuity purchase, no cash payout	

If part cash payout, indicate % or Rand amount to be paid

#### D. PERMISSABLE DEDUCTIONS

Answer "YES" OR "NO" should any of the following deductions be applicable and provide the relevant supporting documentation, i.e. final divorce and or maintenance order, court order obtained against the member or a signed acknowledgement of debt by the member

Divorce order(s) against the Fund in respect of the member	YES	NO
Maintenance order(s) against the Fund in respect of the member	YES	NO
Housing loan against the Fund in respect of the member	YES	NO
Any pending claim in respect of fraud, misconduct or theft against member?	YES	NO

#### E. MEMBER DECLARATION

I, \_\_\_\_\_, (full name) a member of the Transport Sector Retirement Fund (Fund) ID / passport number \_\_\_\_\_, hereby confirm my exit from the Fund and declare that: All information provided in this Claim Notification, together with all supporting documents / information, is true and correct. This Claim Notification was completed by me personally, or with the assistance of another person with my approval. I understand the information provided and confirm that same is true and correct. I have not withheld any information that will have relevance to the acceptance / declining of this claim. Should any documents / information be found to be fraudulent, the Fund and / or Fund Service Providers reserve the right to proceed with the appropriate action against me as the liability to provide accurate and complete information rests with me. In the event of any loss suffered as a result of any details provided on this Claim Notification and supporting documents been inaccurate, incorrect, incomplete or fraudulent, neither the Fund nor the Fund Service Providers will be liable for such loss. I understand that the benefit may be subject to tax in terms of the applicable tax legislation.

Signature of Member: \_\_\_\_\_ Date Signed: \_\_\_\_\_



**F. DOCUMENTS TO ATTACH**

	Cash	Transfer	Liquidation / Section 14 Out
CERTIFIED COPY OF ID / PASSPORT FOR MEMBER (BOTH SIDES)	X	X	X
STAMPED BANK STATEMENT NOT OLDER THAN THREE MONTHS FOR MEMBER	X	X	
COPY OF LATEST PAYSIP	X	X	
MEMBER STATEMENT SIGNED AND DATED BY THE MEMBER (E ABOVE)	X	X	X
EMPLOYER STATEMENT SIGNED AND DATED BY THE EMPLOYER (H BELOW)	X	X	X
COPY OF DIVORCE / MAINTENANCE ORDER	X	X	X
PROOF OF INDEBTEDNESS IN TERMS OF SECTION 19 (5) (a) (PENSION BACKED HOUSING LOAN)	X	X	X
PROOF OF INDEBTEDNESS IN TERMS OF SECTION 37D OF THE PENSION FUNDS ACT (COURT ORDER OR SIGNED ACKNOWLEDGEMENT BY MEMBER	X	X	X
COPY OF APPLICATION FORM TO TRANSFER TO AN APPROVED FUND		X	
COPY OF LIQUIDATION LETTER			X

Notes: In some instances, further documents and /or information may be required to determine the validity of a claim. All documents required in the Claim Notification must be submitted and failure to do so timeously, may result in claim payments being delayed. Claims are assessed on receipt of complete documentation, including certified documents as indicated above, and failure to do so will result in the delay of processing the claim.

**G. SUBMISSION DETAILS**

Claim Type	Electronic	Fax	Telephonic Enquiries	Member Walk-in Centre Details
Retirement / Withdrawal	members@rflipf-sanlam.co.za	086 593 0006	011 544 8300	<b>Cape Town:</b> Office 702, 7th Floor, SUNBEL Building, 2 Old Paarl Road, Bellville.
Transfer	members@rflipf-sanlam.co.za	086 593 0006	011 544 8300	<b>Durban:</b> Suite 602, 6th Floor, Old Mutual Building, 300 Anton Lembede Street.
Liquidation / Section 14 Transfer Out	members@rflipf-sanlam.co.za	086 593 0006	011 544 8300	<b>Johannesburg:</b> SAMRO Place, 8th Floor, 21 De Korte Street, Braamfontein. <b>Midrand:</b> SALT Employee Benefits (Pty) Ltd Central Park Office, No 400 16th Road, Randjespark, Block Q, Midrand.

**H. EMPLOYER DECLARATION**

	Declaration by employer (authorised personnel only): I, _____ (full name), in the capacity of _____ (designation), hereby certify that all information provided in this Claim Notification and supporting documents are true and correct to the best of my knowledge and belief. I confirm that the options in terms of the Rules of the Fund have been fully explained to the member and the member is aware of the contents of the Claim Notification and any liabilities that he / she may have in this regard. In the event of any loss suffered as a result of any details provided on this Claim Notification and supporting documents being inaccurate, incorrect, incomplete or fraudulent, neither the Fund nor the Fund Service Providers can be held liable for such loss.
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Signature of Authority \_\_\_\_\_ Date Signed: \_\_\_\_\_

SALT Employee Benefits (Pty) Ltd is an authorised Financial Services Provider in terms of the Financial Advisory and Intermediary Services Act 37 of 2002 ("FAIS Act") with FSP Number 18929. SALT Employee Benefits is committed to compliance with the requirements prescribed in the FAIS Act. All Disclosures are available on request.





# TRANSPORT SECTOR RETIREMENT FUND



## FUNERAL / DEATH AND DISABILITY CLAIM NOTIFICATION



### TYPE OF CLAIM AND SECTIONS TO BE COMPLETED PER CLAIM TYPE

TYPE OF CLAIM (Mark with "X")	SECTIONS TO COMPLETE IN FULL								CHECKLIST
Funeral / Death Claim	A	B	C	D	E	F	G	H	THIS DOCUMENT HAS TO BE COMPLETED IN FULL. REFER TO SECTION H FOR DOCUMENTS TO ATTACH
Disability Claim	A	B		D	E	F	G	H	

#### A. CURRENT EMPLOYER INFORMATION

Name of Employer			
Employer Address			
Region	Contact Person's Cell No		
Contact Person's Name	Contact Person's Tel. No		
Contact Person's Email Address	Contact Person's Fax No		

#### B. MEMBER DETAILS

Surname of Member			
First Name of Member			
Member's Physical Address	Country	Code	
Member's Postal Address	Country	Code	
Employee No	System No		
Gender (Female/Male)	ID/Passport No		
Date of Birth	Date Joined Fund		
Date of Last Contribution	Amount of Contribution		

#### C. DECEASED DETAILS

Surname of Deceased	Relationship to Member	
First Name of Deceased		
Date of Birth	ID/Passport Number	
Date of Death	Marital Status	

#### D. BENEFICIARY / CLAIMANT DETAILS

Name of Beneficiary / Claimant			
Relationship to the Deceased			
Physical Address	Country	Code	
Postal Address	Country	Code	
Cell No	Landline Tel No		
Email address	Fax No		
Alternate Person	Contact No of Alternate Person		

#### E. MEMBER TAXATION INFORMATION

Tax Number of Main Member	
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#### F. BENEFICIARY / CLAIMANT BANK DETAILS

Name of Account Holder	Name of Bank	
Name of Branch	Type of Account	
Account No	Branch Code	

Please note that the Funeral benefit will be paid into the above bank account and authorisation is hereby irrevocably given to the Fund and/or the Fund Service Provider to pay such benefit by Electronic Fund Transfer (EFT). Neither the Fund nor the Fund Service Providers will be held liable for any errors, omissions or incorrect details in the information provided. The onus lies with the Member or Claimant.

#### G. MEMBER / BENEFICIARY / CLAIMANT DECLARATION

I, \_\_\_\_\_ (full name) a member of the Transport Sector Retirement Fund (Fund), beneficiary / claimant hereby confirm the and declare that:  
 All information provided in this Claim Notification together with all supporting documents / information is true and correct. This Claim Notification was completed by me personally, or with the assistance of someone with my approval. I understand the information provided and confirm that same is true and correct. I have not withheld any information that will have relevance to the acceptance / declining of this claim. Should any documents / information be found to be fraudulent, the Fund and / or the Fund Service Providers reserve the right to proceed with the appropriate action against me as the liability to provide accurate and complete information, rests with me. In the event of any loss suffered as a result of any details provided on this notification and supporting documents being inaccurate, incorrect, incomplete or fraudulent, neither the Fund nor the Fund Service Providers will be liable for such loss. I understand that the death and disability benefit may be subject to taxing terms of the applicable tax legislation.

Signature of Member / Beneficiary / Claimant: \_\_\_\_\_ Date Signed: \_\_\_\_\_





H. DOCUMENTS TO ATTACH			
	FUNERAL	DEATH	DISABILITY
CERTIFIED DEATH CERTIFICATE	X	X	
CERTIFIED COPY OF ID FOR:			
MEMBER	X	X	X
SPOUSE	X	X	
BENEFICIARIES / CLAIMANT	X	X	
CERTIFIED COPY OF UNABRIDGED BIRTH CERTIFICATE FOR CHILD(REN)	X	X	
CERTIFIED COPY OF MARRIAGE CERTIFICATE (TRADITIONAL)	X	X	
NOTICE OF DEATH (BI-1663)	X	X	
BANKING DETAILS NOT OLDER THAN THREE MONTHS FOR:			
MEMBER			X
SPOUSE	X	X	
BENEFICIARIES / CLAIMANT	X	X	
CERTIFIED COPY OF AFFIDAVIT FOR:			
MEMBER			
SPOUSE	X	X	
BENEFICIARIES / CLAIMANT	X	X	
WITNESSES	X	X	
COPY OF LATEST PAYSIP	X	X	X
CONFIDENTIAL MEDICAL REPORT BY ATTENDING PHYSICIAN			X
PROOF OF SCHOOLING	X		
CONTRIBUTION HISTORY OF MEMBER	X	X	X
NOMINATION OF BENEFICIARY FORM		X	
EMPLOYER STATEMENT SIGNED AND DATED BY THE EMPLOYER			X
MEMBER STATEMENT SIGNED AND DATED BY THE MEMBER			X
JOB DESCRIPTION			X
MAINTENANCE ORDER/DIVORCE ORDER		X	X
PROOF OF INDEBTEDNESS IN TERMS OF SECTION 19 (5) (a) AND OR 37D OF THE PENSION FUNDS ACT		X	X

#### Notes:

In some instances, further documents and /or information may be required to determine the validity of a claim. All documents required in the claim notification must be submitted and failure to do so timeously, may result in claim payments being delayed and / or certain risk benefit claims being declined. Claims are assessed on receipt of complete documentation, including certified documents as indicated above, and failure to do so, will result in the delay of processing the claim.

#### I. SUBMISSION DETAILS

Claim Type	Electronic	Fax	Telephone Enquiries	Physical address
Funeral / Death	members@rflipf-sanlam.co.za	011 544 8302	011 544 8300	SALT Employee Benefits (Pty) Ltd, Central Park Office No 400, 16th Road
Disability	members@rflipf-sanlam.co.za	011 544 8302	011 544 8300	Randjespark Office Block Q, Midrand

#### J. EMPLOYER DECLARATION

Declaration by employer (authorised personnel only):

I, \_\_\_\_\_ (full name) in the capacity of, \_\_\_\_\_ (designation), hereby certify that all information provided in this Claim Notification and supporting documents are true and correct to the best of my knowledge and belief. I confirm that the options in terms of the Rules of the Fund have been fully explained to the member / beneficiaries / claimant and that the member / beneficiaries / claimant is aware of the content of the claim notification and any liabilities that he/she may have. In the event of any loss suffered as a result of any details provided on this notification and supporting documents being inaccurate or incorrect, neither the Fund nor the Fund Service Providers can be held liable for such losses.

Signature of Authority \_\_\_\_\_ Date Signed: \_\_\_\_\_

SALT Employee Benefits (Pty) Ltd, an authorised Financial Services Provider in terms of the Financial Advisory and Intermediary Services Act 37, of 2002 ("FAIS Act") with FSP Number 18929 is the appointed administrator to Transport Sector Retirement Fund. SALT Employee Benefits is committed to compliance with the requirements prescribed in the FAIS Act. All disclosures are available on request. The funeral scheme is underwritten by 3Sixty Life Ltd with FSP Number 15107.















## Section 2 | Transfer

**Move your money to another fund.**

Here are some options available to you if you choose to transfer your savings.

- AFRIS. [Click here](#) to find out more.
- Your new employer
- Other

If you are unsure of your options, please call an adviser on 0860 100 444.

Will you be transferring all of your savings, or some of your savings? Please tick one of the options:

- ☐
- Transfer all my savings

Or

- Transfer ~~some~~ of my savings; I wish to withdraw some of my savings\*  
 \*The savings you withdraw may be taxed

*\*The savings you withdraw may be taxed*

**Please fill in your fund and adviser details below, for us to transfer your money correctly.**

New fund name

Contact details of financial adviser or fund administrator

*If you are transferring to your new employer, please fill in the fund administrator's contact details below.*

Name

Email

Cell

[illegible]

If you would like to withdraw **some** of your savings, please fill in the details below.

*Do not complete if you are transferring all of your savings.*

How much would you like to withdraw? R



**Note:** Your cash benefit may be taxed, and could affect your future retirement savings. For guidance on this please visit the SARS website on [www.sars.gov.za](http://www.sars.gov.za).

Fill in the details below.

Please give us your own personal bank details and not someone else's.

Account holder's name

[illegible]

Name of bank

[illegible]

Account number

\_\_\_\_\_

Branch code

e					
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Cheque or

9

## Savings



### Section 3 | Withdraw all your savings

Fill in the details below if you have chosen to withdraw all your savings.

Please give us your own personal bank details and not someone else's.

Account holder's name

[illegible]

Name of bank

[illegible]

Account number

[illegible]

Branch code

[illegible]

Cheque or

 Savings

**Note:** Your cash benefit may be taxed, and could affect your future retirement savings. For guidance on this please visit the SARS website on [www.sars.gov.za](http://www.sars.gov.za).

## Section 4 | Your declaration (the member)

**Please read and sign that you agree with the following:**

1. You understand your options, including the tax implications.
2. If there is any loss as a result of incorrect information given, neither Alexander Forbes nor the fund are responsible for the losses.
3. You made your own decision or were assisted by an adviser.
4. When all your information has been received, we will process your decision according to the fund rules and the withdrawal process.
5. If you are in debt to your employer, your savings will be used to pay the debt in terms of section 37D of the *Pension Funds Act*.
6. Once you have chosen an option and SARS has issued a directive, the directive cannot be cancelled.

Full name

[illegible]

Sign here \_\_\_\_\_

Date \_\_\_\_\_

	P	D	E	N	A	C	Z	M

## Personal information, privacy and security

Alexander Forbes takes data protection seriously. We will look after your personal information carefully.

We will keep your personal information or share it with third parties in the following cases:

- for as long as we or the fund needs to act on your instructions
- if the law requires it
- so that we can communicate with you about our services and products where appropriate

If you provide us with the details of other people, you confirm that you have the permission or authority to do so.

Once we no longer have a need or legal basis to keep your personal information, we will dispose of it securely.

If you wish to update or correct your personal information, please contact us using the details provided.





## Section 5 Employer to complete

[illegible]

## Reason for member leaving the employer:

☐ Resignation    ☐ Dismissal    ☐ Qualifying retrenchment\*    ☐ Non-qualifying retrenchment\*\*

\* Qualifying retrenchment occurs when your employer:

- has stopped or intends to stop the job the member was employed to do
- no longer needs the member's service

\*\* Non-qualifying retrenchment occurs when the member:

- owns more than 5% of the issued share capital or member's interest in the company the member is leaving.
- does not meet the criteria for Qualifying retrenchment.

### Amounts owed to the employer

Fill in this section if there is an amount to be deducted from the member's benefit and paid to the employer in terms of section 37D of the *Pension Funds Act*. \*\*\*

Amount to be deducted from the benefit and paid to the employer: R | | | | | . | or ☐ Not applicable

\*\*\* Debt includes:

1. Debt for a housing loan, if one of the following has occurred:

- The fund or the employer gave a housing loan to the member and the member owes money on the loan.
- The fund or the employer provided a guarantee for a housing loan for the member and the guarantee is enforced.

2. Debt arising from theft, dishonesty, fraud or misconduct. If the employer has experienced loss because of this, and one of the following has occurred:

- The member admitted responsibility (liability) in writing.
- There is a court judgment against the member.
- If the above applies, please attach a copy of:
  - the court order
  - the member's admission of liability



**Note:** Please [click here](#) to complete an indebtedness form if there is an amount to be deducted.

**Note:** If the members country of residence is not South Africa please [click here](#) to complete this one page form and submit to the administrator.

### Employer declaration

**Please read and sign that you agree with the following:**

1. The member has left or is leaving your employment.
2. The correct contribution was deducted and paid to the fund up to the member's leaving date.
3. If there is any loss as a result of incorrect information given, neither Alexander Forbes nor the fund are responsible for the losses.
4. You have given the member a copy of this form with their available options.
5. If the member has not signed or completed this form, you have signed this page and the member will remain in the default option.

Name and surname

[illegible]

Job title

[illegible]

Sign here \_\_\_\_\_

[illegible]

By signing here, you declare that you are duly authorised to do so.

