



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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t: +27 (0)11 558 2999 f: +27 (0)11 408 2158
e: lcb.customerservices@liberty.co.za (For Claim Forms) e: lc.contact@liberty.co.za (For Queries)
w: www.liberty.co.za

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 cannot be reversed.
Please note: Fields marked with an asterisk (*) are compulsory and claims cannot be processed without this information.

Please return the completed form to:

- lcb.customerservices@liberty.co.za

Section A: Fund Details

Fund Name * Fund Number _____
Employer Name * Employee/Payroll ref no. _____

Section B: Member's Details

Please note: Please complete details as per ID document.

Title _____ Initial(s) _____ Full Name(s) * _____
Surname * _____
Date of Birth _____ ID/Passport no. * _____ Membership no. * _____
Residential * _____
Address * _____ Postal Code * _____
Postal _____
Address _____ Postal Code _____
Contact Numbers: Work _____ Home _____ Cell _____
Email Address _____
Date of withdrawal * _____
Reason for leaving employment*: ☐ Resignation ☐ Retrenchment/Redundancy ☐ Dismissal

Please 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

Please 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 Notes" 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? _____

Please note: Liberty may send/request information via SMS messaging or email. Please ensure that you have provided your cell number and email address.

Section C: Member's Income Details

Member's annual taxable income *R _____
Income tax reference number * _____
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)? * _____

Section D: Details of any claims against the benefit

- 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.
- 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.

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 D: Details of any claims against the benefit - continued

- 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.
- 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 provide copies for validation.

Section E: In-Fund Preservation for Benefits

- Does the Member wish to retain (i.e. preserve) the benefit within the Fund? ☐ Yes ☐ No
- If "Yes", 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. Please place a tick (☒) 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 I** 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
Trustees' Default Portfolio Range			
Liber8 Stable Growth Fund	0.60%	☐	%
Liberty Core Conservative	0.60%	☐	%
Liberty Core Moderate	0.60%	☐	%
Liberty Core Balanced	0.60%	☐	%
Multi-Managed Portfolios			
STANLIB Multi-Manager Balanced Growth Fund	1.40%	☐	%
STANLIB Multi-Manager Moderate Growth Fund	1.40%	☐	%
STANLIB Multi-Manager Conservative Growth Fund	1.40%	☐	%
Index-Tracking Portfolios			
Liberty Balanced Tracker Fund	0.35%	☐	%
Liberty Moderate Tracker Fund	0.35%	☐	%
Liberty Conservative Tracker Fund	0.35%	☐	%
Money Market Portfolio			
Liberty Institutional Money Market Fund	0.30%	☐	%
Shari'ah Portfolio			
STANLIB Multi-Manager Shari'ah Balanced Fund of Funds	1.00%	☐	%
Third-Party Balanced Portfolios			
Allan Gray Balanced Fund	1.25%	☐	%
Coronation Balanced Plus Fund	1.25%	☐	%
Ninety One Opportunity Fund	1.25%	☐	%
Prudential Balanced Fund	1.25%	☐	%

Please visit www.liberty.co.za for more information regarding any of the investment portfolios listed above.

Member's Declaration

Please note: This declaration is only required if no Financial Adviser has been appointed by the Member. Else, please complete Section I.

I acknowledge that by selecting "Yes" in Section E and by **not completing** Section I, 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.

Member's Name and Surname

Member's signature

Date

Section F: Other options available to the Member

- Does the Member wish to transfer all or part of the benefit to a Liberty Preservation Fund? ☐ Yes ☐ No
If "Yes", please advise amount or insert all and complete Section G. R
- 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	/						
---	---	---	---	---	---	---	---	--	--	--	--	--	--

FSCA Fund Approval Number

1	2	/	8	/									
---	---	---	---	---	--	--	--	--	--	--	--	--	--
- Does the Member wish to take all or part of the benefit in cash? ☐ Yes ☐ No
If "Yes", please advise amount or insert all and complete Section H. R
- Is the Member currently an Income Plus Plan (IPP) claimant? ☐ Yes ☐ No
- 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
Please note: This option has to be exercised within 60 days of leaving service.
If "Yes", and the Member would like more information regarding this option, please provide details so that our consultant can contact the Member.
Contact No: Work _____ Home _____ Cell _____

Section G: 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 of Transferor Fund _____
Date the Member withdrew from the Transferor Fund _____
Selected Retirement Date _____
Amount transferred R _____ Accessible/non-accessible before retirement R _____

Bank account details for the receiving fund

Type of account: ☐ Current ☐ Savings ☐ Transmission
Name of accountholder _____
Name of bank _____ Name of branch _____
Account number _____ Branch code _____
Account registration no. _____ Reference no for deposit _____

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 %

Section G: Transfers to Agile Provident or Pension Preserver Plans for Liberty - continued

Investment Details

Please speak to your Financial Adviser regarding your investment portfolio choice.

Member's Declaration

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 Provider 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 a 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 (PPR) 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.

Member's Name and Surname

Member's signature

Date (signed after consultation)

Section H: Member's Payment Details

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

Type of account: ☐ Current ☐ Savings ☐ Transmission

Name of accountholder

Name of bank

Name of branch

Account number

Branch code

Please note:

- Payment will not be made into a 3rd party's account.
- Payment will be made by Electronic Funds Transfers (EFTs).
- 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 I: 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⁽¹⁾

%

Annual ongoing investment advice fee (%) of benefit as per the Member Agreement⁽²⁾

%

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

Other Related Financial Adviser

Name and Surname

Liberty 13-digit code

Initial investment advice fee (%) of benefit as per the Member Agreement⁽¹⁾

%

Annual ongoing investment advice fee (%) of benefit as per the Member Agreement⁽²⁾

%

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

⁽¹⁾ The sum of all initial advice fees cannot exceed 1.5% (excluding VAT).

⁽²⁾ The sum of all ongoing advice fees cannot exceed 1% p.a. (excluding VAT).

Section I: Financial Adviser's Details - continued

Financial Adviser's Declaration

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

Financial Adviser's Name and Surname

Financial Adviser's signature

Date (signed after consultation)

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.
7. By submitting any of my personal or special information to Liberty in any form, I acknowledge that such conduct constitutes a voluntary consent to process my Personal Information 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 or my employer to delete my Personal Information. Liberty may, however, keep my information for the period as otherwise required in terms of any applicable law.
8. I acknowledge, accept and authorise Liberty to process my personal and special personal information and to share my personal and special information with their contracted third-party service providers for this request, in respect of any insurer obligations or in any way related to any policy or other document, either directly or through a database at any time (even after my death) and to validate and supplement the information you have provided to us. 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.

Member's Name and Surname

Member's signature

Date

Section J: Fund Authorisation/Member Signature

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.

Member's Name and Surname

Member's signature

Date

Fund Authorised Signatory's Name and Surname

Fund Authorised Signatory's signature

Date

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 to so that the Member can make an informed decision with regards 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.

Withdrawals - continued

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. 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 cash 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 contribution 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 but the benefit will be held to the Member's credit under the Member's new employer's fund. Here it will earn investment returns until such time that 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.

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 (keep invested) 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 E 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 Member's 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.

Financial Intelligence Centre Act ("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.

Income Tax Act, No. 58 of 1962 - Vested and Non-Vested Benefits

The Income Tax Act was amended with effect from 1 March 2021 (referred to as 'T-Day') to align the nature of benefits that Members can access at retirement, across different types of retirement funds. Prior to T-Day, Members of Provident Funds and Provident Preservation Funds were entitled to take the full value of their benefits as taxable cash lump sums at retirement. Members of Pension Funds, Pension Preservation Funds and Retirement Annuity Funds on the other hand, have been required to 'annuitise' a portion of their benefits at retirement i.e. taking a portion of their retirement fund benefits as a regular series of taxable payments ("annuity income"). From T-Day, Members of Provident Funds and Provident Preservation Funds will also be required to 'annuitise' a portion of their benefits at retirement.

Withdrawals - continued

Income Tax Act, No. 58 of 1962 - Vested and Non-Vested Benefits - continued

Those Members of Provident Funds and Provident Preservation Funds who have already accumulated benefits prior to T-Day will be given 'vested rights' in the benefits they have already accumulated in those funds. The extent of their 'vested rights' depends on their age on T-Day. In the case of Members younger than age 55 on T-Day, all benefits accumulated prior to T-Day (plus all investment returns on those accumulated benefits, up to retirement date) will comprise '**Vested Benefits**'. In the case of Members age 55 and older, all benefits accumulated prior to T-Day, as well as contributions* made to that same fund after T-Day (plus all investment returns on those accumulated benefits and contributions up to retirement date) will comprise '**Vested Benefits**'.

Any benefits that retirement fund Members do not have 'vested rights' in are referred to as '**Non-Vested Benefits**' - for example, Members of Pension Funds, Pension Preservation Funds and Retirement Annuity Funds who have accumulated benefits prior to T-Day, do not have 'vested rights', and those benefits plus contributions* made after T-Day (plus all investment returns on those accumulated benefits and contributions up to retirement date), will all be '**Non-Vested Benefits**'. For a Member younger than age 55 on T-Day, all future contributions* made into the Provident Fund after T-Day (plus all investment returns on those contributions up to retirement date) will also comprise '**Non-Vested Benefits**'.

Members of retirement funds with 'Vested Benefits' will be able to take the full value of those 'Vested Benefits' as taxable cash lump sums at retirement. Members of retirement funds with 'Non-Vested Benefits' will be required to 'annuitise' their benefits as follows: Up to one-third of the value of their 'Non-Vested Benefits' can be taken as a taxable cash lump sum and at least two-thirds of the value of their 'Non-Vested Benefits' must be taken as taxable annuity income at retirement. If the total value of the 'Non-Vested Benefit' is R247 500 (the de minimus amount, as prescribed by the Minister which may change from time to time) or less at retirement, the full value of the 'Non-Vested Benefits' can be taken as a taxable cash lump sum.

'Vested Benefits' and 'Non-Vested Benefits' (and their respective investment returns) will be tracked separately.

'Vested Benefits' and 'Non-Vested Benefits' transferred to other retirement funds after T-Day will retain their nature, irrespective of the type of the retirement fund they are transferred to. If a Member, age 55 and older on T-Day, transfers to other retirement funds from the original Provident or Provident Preservation Fund in which he/she was a Member on T-Day, all contributions* made to the new fund into which he/she has transferred (plus all investment returns on those contributions up to retirement date) will be 'Non-Vested Benefits'.

It is possible for a Member's total share of the Fund to include both 'Vested Benefits' and 'Non-Vested Benefits'.

* Contributions are net of fees, charges or risk premiums i.e. the net value of a Member's contributions that will be allocated to their 'Vested Benefits' or 'Non-Vested Benefits' making up their Share of the Fund.

Important note on 'foreign person'

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

- He/She is not ordinarily resident in South Africa; or.
- He/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/She has been physically outside South Africa for a continuous period of at least 330 full days.

Service Level Agreement

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.

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

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

Contact Centre Postal Address

PO Box 2094
Johannesburg
2000

OR

Walk-in Centre Address

Libridge Building - 9th floor
25 Ameshoff Street
Braamfontein
Johannesburg
2001

Benefit Counselling

For benefit counselling, please contact your accredited Liberty Financial Adviser, or:

Liberty Corporate Benefit Counselling

t: +27 (0)11 558 2999

e: benefitcounselling@liberty.co.za

Contact Us - continued

Complaints Handling and Resolution Process

Our full complaints handling and resolution procedure is available from our website (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.

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)11 694 5304

e: lc.complaints@liberty.co.za

OR

For Liber8 and Liberty Corporate Selection Suite of Umbrella Funds

The Principal Executive Office
PO Box 2094
Johannesburg
2000

t: +27 (0)11 408 5685

e: roger.spence@liberty.co.za

The Information Officer

Liberty Corporate
PO Box 2094
Johannesburg
2000

t: +27 (0)11 558 3911

e: 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

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

The Information Regulator

PO Box 31533
Braamfontein
2017

e: complaints.IR@justice.gov.za (Complaints)

e: 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