

NOTIFICATION OF WITHDRAWAL

To be completed by employer and member

- All sections must be completed in full using BLOCK LETTERS.
- Please indicate all options selected by means of a cross (X).
- To enable Acravest to process this form, please ensure that it is completed in full and that the information provided is accurate.
- Please sign next to any amendments made on this form.

REQUIRED DOCUMENTATION

The following outlines the supporting documentation required in terms of the Financial Intelligence Centre Act, No 38 of 2001 (FICA) as well as other documents required by Acravest. This documentation is necessary in order for the Fund to verify the details in this application

Copy of ID or Passport

Proof of SA income tax number

Proof of residential address

Proof of banking details (if any portion of the benefit is payable in cash)

Completed application form for transferee fund where benefit is transferred to an approved fund

(Copies of the supporting documentation are sufficient as long as all text and photographs are clear and legible).

FAILURE TO COMPLETE THE DOCUMENT IN FULL AND PROVIDE ALL THE RELEVANT PERSONAL INFORMATION, INCLUDING SUPPORTING DOCUMENTATION, WILL LEAD TO A DELAY IN THE PROCESSING OF YOUR CLAIM.

FUND DETAILS WHERE MEMBERSHIP WAS AT LAST DAY OF EMPLOYEMENT

Fund name	Registration number
Participating Employer (If Applicat	le)
INVESTOR /MEMBER DETAIL	S
Full names	
Surname	
ID/Passport number (if foreign na	tional) Date of birth D M YYY
Membership number	Company Employee number
Reason for withdrawal:	Voluntary resignation Dismissal Abscond Retrenchment
	Transfer to another fund
Postal address	
	Postal code
Telephone number	Cellphone number
E-mail address	
Are you a registered tax payer	Yes No
	If yes, specify income tax number

NOTE: In the event that SARS declines the application for a tax directive due to incorrect data provided, or unresolved matters between the member and SARS, the member/ employer/advisor will be contacted. Failure to resolve the matter within 15 working days of being informed of the matter, could lead the Fund to re-investing the money in a money market strategy. In such an instance, the claim needs to be resubmitted by the member, following resolution of the matter. No interest will be added to the benefit whilst the money remains in the Fund bank account.

BENEFIT AVAILABLE AT TERMINATION OF SERVICE

Cash withdrawal benefit:

Accumulated savings at 31 August 2024, plus growth thereafter;

Savings Component:

From I September 2024, ¹/₃ of any contributions by or on behalf of a member, after risk premiums and costs, will accumulate in the Savings Component. The balance in the savings component is accessible ONCE PER TAX YEAR, provided the withdrawal amount is more than R2 000 or such other amount that may be indicated by the legislator.

Retirement Component:

From I September 2024, ²/₃ of any contributions by or on behalf of a member, after risk premiums and costs, will accumulate in the Retirement Component. The Retirement Component will be accessible only at retirement and only in the form of an approved life-long annuity.



At withdrawal from the Fund as a result of termination of service at the participating employer:

- A Member have access to the Cash Withdrawal benefit;
- The Retirement Component and the Savings Component will remain invested in the Fund, or could, at the election of the member, be transferred to an alternative approved fund.

Exceptions:

- Emigration: A member emigrating may receive the full benefit in cash, provided that the member is registered as a non-resident at the South African Revenue Services;
- A MEMBER who is not a South African resident, employed in South Africa on the basis of a visa as contemplated in paragraph (i) of the definition of "visa" in section 1 of the immigration act, No. 13 of 2002), who leaves the country as a result of the expiry of the visa, will be allowed to withdraw his full benefit in cash.

MEMBER BENEFIT ELECTION AT WITHDRAWAL FROM PARTICIPATING EMPLOYER				
Cash withdrawal benefit:				
Receive benefit in cash?	Yes	No		
Transfer to in-fund preservation option (Current Fund)?	Yes	No		
Transfer to preservation option at another approved fund?	Yes	No		
Retirement Component and Savings Component:				
Benefit to remain in Current Fund?	Yes	No		
Transfer benefit to another approved fund?	Yes	No		
TRANSFEREE FUND DETAILS				

Transferee Fund	Registration number							
Contact person								
Telephone number								
E-mail address								

NOTE: The fully completed application form of the transferee fund to be included in the submission of this withdrawal claim.

MEMBER'S BANK DETAILS FOR PAYMENT OF CASH BENEFIT

Account holder		
Name of bank	Branch	
Account number	Branch code	
Account type		

NOTE: Benefits cannot be paid into a bank account of a third party. The account must be in the name of the member. Please attach an originally certified copy of a bank statement or an original letter stamped by the bank to prove validity and ownership of the account.

CLAIMS AGAINS	IST MEMBER BENEFIT		
Claim in respect o	t of housing loan? Yes No		
Supporting informa	mation to be provided		
Claim in respect o	t of damage to the employer? Yes No		
Claim is only permi	missible in the following circumstances:		
There need to ha And	have been damages to the employer,		
The damages mus And	nust have been caused by the employee as a result of theft, dishonesty or misco	induct,	
The employee ad	admitted liability, OR have been found guilty in a court of law.		
Amount of claim:	R		
Claimant			
	MBER	EMPLOYER SIGNATURE	



CONFIRMATION AND AUTHORISATION

- We hereby certify that the above information is true and correct in every detail and Acravest is hereby authorised to make payment as stated above.
- The options in terms of the Rules of the Fund have been fully explained to the member and the member declares that he/she understands all options.
- We agree that payment above shall constitute good and effectual settlement and shall be full and final discharge to Acravest and the fund of its liability in terms of the Rules of the Fund.

Signed on behalf of the investor		Signed on behalf of t	the product provider	Company Stamp
Date	D D M M Y Y Y Y	Date Designation	D D M M Y Y Y Y	

RISK BENEFITS

In the event that your current risk benefits have a continuation option (continue with risk benefits in your personal capacity), would you like to continue with these benefits?

Yes
No

NOTE: You will pay the risk provider directly in your personal capacity.

The risk provider/advisor will call you directly.

FUND COUNSELLING, DEFAULT

Options At Resignation	Costs Note that costs play a significant role in the long term outcome of your saving strategy	Other Information
Trustee default recommended: Preserve your benefit in the Fund	 No intermediary commission (Once-off or ongoing); Low and fixed ongoing fees; Wide range of investment options available, all at competitive institutional fee classes 	- The Fund is governed by a professional Board of Trustees, independent from the service providers;
Transfer to the iRetire Retirement annuity Fund	 Similar to the Trustee default above, Plus Membership now in retail solution, with a retail service delivery focus not linked to any employer relationship 	- Full transparency to information in member accounts and on investment performance
Transfer to alternative commercial Fund (Preservation fund or Retirement Annuity Fund)	Costs may include: - Intermediary commissions; - Take-on costs	Transparency may be limited
Transfer your money to your new employer's Fund	 Similar to Trustee default option. Flexibility in terms of investment strategies may be limited, OR choice may be provided at a high cost 	nansparency may be innited
Take maximum available money in Cash	 Cash withdrawals are taxable; Withdrawing from your long term saving strategy will inflict considerable damage to your long term savings goals 	Tax normally costly

