

**INDEMNITY: PAYMENT OF BENEFITS ON ELECTRONIC COPIES**

**Employer Name:** \_\_\_\_\_

**Brokerage Name:** \_\_\_\_\_

**Fund Name:** \_\_\_\_\_

We, \_\_\_\_\_ (herein after referred as "the Employer") give Acravest our express consent that any payments can be made on emailed copies of withdrawal requests and supporting documentation, which requests include resignations, retrenchments, dismissals, transfers, retirements, divorce and deaths. These submissions will only be deemed valid when signed off and submitted by the Employer authorized signatory on record at the Fund.

Furthermore, the Employer gives Acravest its express consent to pay all and any monies due to any member into the bank account of the member as indicated on their most recent stamped bank statement. The Employer will further be responsible to keep the bank details of the members up to date.

Neither Acravest, nor its holding company nor any subsidiaries of the holding company from time to time ('Group'), nor any of the Group's directors, employees, representatives, agents and/or shareholders shall be liable to the member, the employer or to any third party for any loss (including but not limited to loss of profits, goodwill, information and/or data), liability, damage (whether direct, indirect and whether or not in the contemplation of the parties) or expense of any nature whatever which the member, the employer or any such third party may suffer or incur, whether directly or indirectly as a result of this arrangement.

**Signature:** \_\_\_\_\_

**For and on behalf of  
Employer**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Authority**

**Signature:** \_\_\_\_\_

**For and on behalf of  
Brokerage**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Authority**

