

NOTIFICATION OF RETIREMENT

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

	ting documentation required in terms of the Financial Intelligence Centre Act, No 38 of 2001 (FICA) as well as other documents required by ecessary in order for the Fund to verify the details in this application
Copy of ID or Passpor	
Proof of SA income tax	number
Proof of residential add	ress
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 docume	entation are sufficient as long as all text and photographs are clear and legible).
	OCUMENT IN FULL AND PROVIDE ALL THE RELEVANT PERSONAL INFORMATION, INCLUDING SUPPORTING DOCUMENTATION, PROCESSING OF YOUR CLAIM.
FUND DETAILS WHERE MEMI	BERSHIP WAS AT LAST DAY OF EMPLOYMENT
Fund name	Registration number
Participating Employer (If Applicat	le)
INVESTOR /MEMBER DETAIL	s
Full names	
Surname	
D/Passport number (if foreign na	ional) Date of birth DDMMYYYYY
Membership number	Company Employee number
Type of retirement	Normal Early Late III health
Postal address	Normal Larry Late in realti
Ostai addi ess	Postal code
Telephone number	Cellphone number
E-mail address	
Are you a registered tax payer	Yes No No
	If yes, specify income tax number
employer/advisor will be contacte	eclines the application for a tax directive due to incorrect data provided, or unresolved matters between the member and SARS, the member/ d. 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 se, 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.

Highest average salary earned by the taxpa	eyer during any 5 consecutive years in the service of the employer during membership:
Year	Salary
Total	
Average salary for the 5 years of lessor period, if	employed for lessor period R
EXPLANATION: ACCESS TO BENEFIT	
Portion of benefit available in cash at retire	ement (Maximum)
(Subject to prevailing tax rates) • Vested benefit,	
Plus	
1/3 of Non-vested benefit,	
Plus	
	ide a SAVINGS COMPONENT WITHDRAWAL in that tax year and in such an instance the balance remaining in the SAVINGS amount determined by legislation from time to time
Portion of benefit to be converted to a life-	long approved annuity
	ns by or on behalf of a member, after risk premiums and costs, will accumulate in the Savings Component. sible ONCE PER TAX YEAR, provided the withdrawal amount is more than R2 000 or such other amount that may be indicated b
	ns by or on behalf of a member, after risk premiums and costs, will accumulate in the Retirement Component. only at retirement and only in the form of an approved life-long annuity.
Exceptions:	
	the full benefit in cash, provided that the member is registered as a non-resident at the South African Revenue Services;
	t, 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 e country as a result of the expiry of the visa, will be allowed to withdraw his full benefit in cash.
MEMBER ELECTION	
Portion of benefit taken in cash:	
Specify amount:	
Retirement Component plus Savings Com	ponent plus balance available in cash, but not taken in cash to remain in the current Fund.
Yes No	,
PLEASE NOTE: In terms of current Ben is 17.5% per annum.	efit to remain in Current Fund? legislation, the minimum annuity payment is 2.5% per annum and the maximum annuity payment
Selected percentage for the first year:	
OR	
OR: Rand value selected for the year:	R
Apply a special tax rate? Yes Specify rate:	
Transfer benefit to another approved fund/	Insurer? Yes No
Type of annuity purchased: Living an	



MEMBER SIGNATURE

DETAILS OF SALARY EARNED

EMPLOYER SIGNATURE

TRANSFEREE FUND DETAIL	.s
Transferee Fund	Registration number
Contact person	
Telephone number	
E-mail address	
NOTE: The fully completed app	lication 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 statement or an original letter standard details.	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 amped by the bank to prove validity and ownership of the account.
ANNOTT BETAILS	
Type of annuity purchased	
Institution or administrator's name	
Name of financial advisor	
Telephone number	NOTE: Application documentation must be provided.
FSCA/Life License number	
CLAIM(S) AGAINST INVES	TOR'S BENEFIT
(a) Supporting documentation	olly permissible subject to the following documents being attached: in respect of a housing loan; ty to the product provider by the investor or judgment against the investor obtained in any court (including a magistrate's court) in the event of duct;
Amount of claim	R
Beneficiary	
Account holder	
Name of bank	Branch
Account number	Branch code
Account type	
MEMBER SIGNATURE	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 investor and the investor 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	the product provider	Company Stamp
Date	D D M M Y Y Y Y	Date	D D M M Y Y Y	
		Designation		

RISK BENEFITS

ln	the event that	your current risk	benefits have	a continuation op	tion (continue with	risk benefits in	your	personal ca	pacity	y), would	you like t	o continue v	with the	se bene	efits

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 Retirement	Costs Note that costs play a significant role in the long term outcome of your saving strategy	Other Information		
Access your retirement 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 Acravest Living annuity	- 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 product	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	Transparency may be inneed		
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		



ANNUITY PAYMENT OPTIONS

A living annuity allows you to set your income level subject to constraints imposed by the authorities from time to time and allows you to select a wide range of investment strategies in respect of the capital that will generate the annuity.

The level of income you select is not guaranteed for the rest of your life. The level of income you select may be too high and may not be sustainable if:

- ullet you live longer than expected with the result that the capital is significantly depleted before your death; or
- the return on the capital is lower than that required to provide a sustainable income for life.

It is your responsibility (in consultation with your financial advisor) to ensure that the income that you select is at a level that would be sustain-able for the rest of your life. You need to carefully manage your income drawdown relative to the investment return on the capital in order to achieve this. The table below can be used as a guide.

Years before your income will start to reduce

		INVESTMENT RETURN PER ANNUM (BEFORE INFLATION & AFTER ALL FEES)						
		2.50%	5.00%	7.50%	10.00%	12.50%		
	2.50%	21	30	50+	50+	50+		
	5.00%	П	14	19	33	50+		
ANNUAL	7.50%	6	8	10	13	22		
SELECTED AT	10.00%	4	5	6	7	9		
INCEPTION	12.50%	2	3	3	4	5		
	15.00%	I	Ī	2	2	2		
	17.50%	ı	I	I	I	ı		

