Robson • Savage

DIVORCE BENEFITS DUE TO NON-MEMBER SPOUSE – PAYMENT INSTRUCTION

- Please help us to pay your benefit quickly and smoothly by completing all sections in full using CAPITAL letters.
- Indicate all options selected by means of a cross [X].
- Ensure that all information provided is accurate.
- Should you require any assistance with this form please contact Robson Savage (Pty) Ltd on 011 643 4520.

FUND DETAILS

Name of Member's Fund:

Name of Member's Employer/Pay Centre:

MEMBER'S DETAILS

Title: Surname:

First Name(s):

RSA ID Number: Date of Birth: D D M M Y Y Y Y

If no RSA ID Number, Passport Number :

Country of Issue:

NON-MEMBER SPOUSE'S DETAILS

Title: Surname:

First Name(s):

RSA ID Number: Date of Birth: D D M M Y Y Y Y

If no RSA ID Number, Passport Number*:*

Country of Issue:

Physical Address

Unit Number: Complex Name:

Street Number: Street Name:

Suburb: Town:

Country: Postal Code:

Postal Address: ☐ Same as Physical Address *(If not, please provide details below)*

Postal Code:

Contact Details:

Telephone Numbers: or

E-mail Address:

Preferred Method of Communication: ☐ Post ☐ E-mail

Income Tax Number:

Current Annual Taxable Salary: R

TYPE OF MARRIAGE CONTRACT

(Please mark the appropriate box below to confirm the type of marriage contract that existed between you and your ex-spouse)

☐ Community of Property

☐ Ante Nuptial Contract *without* accrual

☐ Ante Nuptial Contract *with* accrual

PAYMENT INSTRUCTION

(Please mark the appropriate box and complete the sections as indicated)

You are strongly encouraged to seek professional financial advice before deciding what to do with your benefit. Should you require financial advice, or further information regarding the options available to you, please contact the fund administrator on 011 643 4520 for assistance.

Please note that all benefit payments are subject to current tax legislation.

☐ Full benefit to be paid in cash. (Complete **Section 1** below)

☐ Full benefit to be transferred to another approved fund. (Complete **Section 2** below)

☐ Part cash payment/part transfer to another approved fund. (Complete **Section 1 and 2** below)

Specify % or amount to be taken in cash: % or R .

PAYMENT INSTRUCTION – SECTION 1

Important: Please ensure that the details provided below are for the non-member spouse's own bank account.

Bank Name: Account Type:

Account Number:

PAYMENT INSTRUCTION – SECTION 2

Name of Approved Fund:

Broker'/Administrators Contact Details:

Name:

Telephone Number's: or

E-mail Address:

DECLARATION

I hereby confirm that:

- the details provided herein, in particular my banking details (if applicable), are true and correct in every way;
- in the event of any loss suffered as a result of any incorrect details provided herein, neither the fund, the employer nor Robson Savage (Pty) Ltd can be held liable for such losses;
- I understand the options available to me with regards to the payment of my benefit, including the tax implications; and
- I understand and accept that an administration fee of R1680 (inclusive of VAT) will be deducted from my benefit in order to effect the payment.

Non-Member Spouse's Signature Date

Note: Documents to be submitted together with this form:

- Copy of non-member spouse's ID
- Proof of banking details if any part of the benefit is to be paid in cash. (This can be a copy of a bank statement on the bank's letterhead, a copy of a cancelled cheque or a letter from the bank on the bank's letterhead confirming the account name and the account number.)
- Copy of stamped divorce decree, correct in terms of the Pension Funds Act, if not already provided