

One of the important decisions you need to make is what to do with your retirement savings that you have in the DHL Provident Fund. This communication takes you through your options and what they mean.



**Consider keeping your retirement savings invested (preserved) so they can keep growing. You can keep your retirement savings invested by leaving them where they are or transferring to a new fund instead of withdrawing them in cash.**



## Why Preserve Your Retirement Savings?

**Secure your future by keeping your retirement savings invested.**

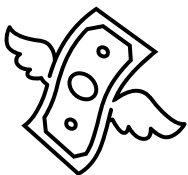
- Preserving your savings means your money keeps growing.
- Cashing out now will have long-term consequences for your retirement and SARS will tax you.



## The Power of Compound Growth

**Let your money work for you!**

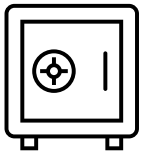
- Example: R100,000 preserved for 20 years at 7% annual growth = R386,968.
- The longer you keep your savings invested, the more you benefit from compound interest.



## Risks of Cashing Out

**Think before you withdraw:**

- You pay taxes on lump-sum withdrawals.
- You lose out on future growth and will struggle to rebuild your retirement savings.
- Many retirees regret cashing out early—don't let short-term needs jeopardize your long-term security.



## Your Preservation Options

**Flexible ways to keep your savings safe:**

- Leave your money in the current fund.
- Transfer to your new employer's fund.
- Move to a preservation or retirement annuity fund.



## Frequently Asked Questions

**What if I need money now?**

You may be able to access your savings pot once per tax year (minimum R2,000).

**What if I change jobs again?**

You can transfer your preserved savings to your next employer's fund, or a preservation fund or an RA

**Who can help me decide?**

Contact [Mark.Swanepoel@AxioConsult.com](mailto:Mark.Swanepoel@AxioConsult.com)



## Make the Smart Choice!!

**Preserve your savings. Protect your future.**

- Think long-term—your future self will thank you!
- For more information or support, contact our benefit consultant, [Mark.Swanepoel@AxioConsult.com](mailto:Mark.Swanepoel@AxioConsult.com)

## WITHDRAWAL NOTIFICATION

- 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 your fund administrator on 011 643 4520.

Documents to be submitted together with this form:

- Clear copy of member's ID
- Proof of banking details if any part of the benefit is to be paid in cash to the member. (This can be a copy of a bank statement on the bank's letterhead or a letter from the bank on the bank's letterhead confirming the account name and the account number.)

### FUND DETAILS

Name of Fund:	
Name of Employer/Pay Centre	

### MEMBER DETAILS

Title:	<input type="text"/>	Surname:	<input type="text"/>
First Name(s):	<input type="text"/>		
RSA ID Number:	<input type="text"/>	Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<i>If no RSA ID Number, Passport Number:</i>	<input type="text"/>		
Country of Issue:	<input type="text"/>		
<i>Physical Address</i>			
Unit Number:	<input type="text"/>	Complex Name:	<input type="text"/>
Street Number:	<input type="text"/>	Street Name:	<input type="text"/>
Suburb:	<input type="text"/>	Town:	<input type="text"/>
Country:	<input type="text"/>	Postal Code:	<input type="text"/>
<i>Postal Address:</i>	<i>Same as Physical Address (If not, please provide details below)</i>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postal Code:	<input type="text"/>
<i>Contact Details:</i>			
Telephone Numbers:	<input type="text"/>	or	<input type="text"/>
E-mail Address:	<input type="text"/>		
Income Tax Number:	<input type="text"/>	Employee Number:	<input type="text"/>
Date of Withdrawal:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month of final contribution:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



**PART 2 – CASH PAYMENT/S TO MEMBER**

Only complete this section if you are wanting a cash payment.  
Please provide your bank account details in the section provided on Page 3 of this form.

**VESTED COMPONENT**

- The full Vested Component may be taken as a cash lumpsum  
**Please choose one of the options below.**

Full amount to be paid in cash to member.

Part cash payment/ part transfer to another approved fund (Details to be provided in Part 2 of the Payment Instruction).

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

\*This amount must be the gross cash amount. Where applicable, tax will be deducted, and the net amount paid to you.

**SAVINGS COMPONENT**

- The Savings Component may only be taken as a cash withdrawal IF you have not already made a withdrawal in the current tax year OR if the total value of the Savings Component is less than R2,000.
- Any cash amounts taken from your Savings Component will be taxed at your marginal tax rate. Please provide your annual taxable income for this purpose in the space provided below.
- You will be charged a processing fee of R230.
- Where your Savings Component cannot be paid as a cash withdrawal due to legislative restrictions it will be transferred to the fund indicated in Part 2 of the Payment Instruction below, or, if you have chosen for your Retirement Component to remain invested in your current fund then your Savings Component will also remain invested in your current fund.

**Please choose one of the options below.**

Full amount to be paid in cash to member.

Part cash payment/ part transfer to another approved fund (Details to be provided in Part 2 of the Payment Instruction).

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

\*This amount must be the gross cash amount before any deductions.

Annual Taxable Income: R

**BANKING DETAILS FOR CASH PAYMENT/S**

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

Bank Name:

Account Type:

Account Number:

**DECLARATION BY MEMBER**

I hereby confirm that:

- the details provided herein, in particular my banking details (if applicable) provided on Page 3 of this form, 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 am aware of the retirement benefits counselling that is available to me;
- I understand the options available to me with regards to the payment of my benefit, including the tax implications;
- I understand that if it is not permissible for my Savings Component to be paid to me as a Savings Withdrawal due to legislative restrictions, the payment instruction given for my Retirement Component will also be applied to my Savings Component, and
- I acknowledge that once my benefit has been calculated and disinvested it will be held in the fund's bank account until such time as payment of the benefit is made in terms of my payment instruction.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

**EMPLOYER'S DECLARATION**

I hereby confirm that:

- the information contained herein, and in particular (if applicable) the member's banking details provided on Page 3 of this form, has been confirmed as correct;
- the member has left the service of the employer as per the details provided; and
- the employer has made available to the member a copy of the Retirement Benefits Counselling document.

Employer Stamp

Authorised Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_