

Withdrawal claim - In-fund preservation member

The purpose of this form is for you to instruct Alexander Forbes to withdraw your retirement savings from the fund. This instruction is important. If you do not understand the possible consequences of this instruction, please ask your financial adviser or us to explain.

In this form:

- 'You' refers to the person named on this form as the member.
- 'We' and 'us' refers to the administrator of your fund.
- 'Fund' refers to the fund that you are a member of.
- 'Retirement savings' refers to your money in the fund.

About withdrawing your retirement savings

You are withdrawing your retirement savings. This is subject to South African legislation. This form gives you different options.

Key points to understand about this form

In the form, you will give details about:

- yourself (the member of the fund)
- your withdrawal
- the benefit and how we should pay it out.

Please read this document carefully. Contact your financial adviser or us if you have any question. You should sign the form only if you agree to all the terms and conditions in it. The form is part of your contract with us. You must make sure that all the information is correct and that all parts of the form are complete. We have the right to treat the information given in the form as accurate and complete. If you make changes to what you have already filled in, you must sign next to each change.

Documents you must attach to this form

You must attach copies of the following documents to this form. We will start to process your application only when we have received all the documents we need.

- A certified copy of your identity document.
- Proof of your change of residential address (where you have moved).
- One of the following:
 - A copy of your latest bank statement (not older than 3 months)
 - A copy of a letter from your bank, on the bank's letterhead, confirming your bank account details (not older than 3 months).
- Divorce or maintenance court orders (if applicable).

Follow these steps

1. You need to fill out the form.
2. You must sign the form and date it.
3. Attach the documents requested above to the completed form.
4. Keep the first and second pages to refer to for any queries.
5. Submit the form.
6. Send the form to us or deliver it to the address shown at the top of the form.

Delays in carrying out your instructions

Neither the fund nor we are responsible for any losses that result from any delays you cause by:

- not filling in this form accurately and completely
- not giving us the documents we ask for.

This includes losses in the value of the investment and losses that occur because you may have to pay more tax than anticipated.

Personal information, privacy and security

TO FIND out how we protect your personal information, privacy and security.

Alexander Forbes is not responsible for any loss you or anyone else may suffer if important information is left out of this document.

HOW TO CONTACT US

How to contact us

- If you want to ask us if we have your personal information, you can contact us by phone on 0860 100 333.
- If you have any queries about your withdrawal, you can contact us at the following email addresses:
 - Alexander Forbes Retirement Fund: zzAFRRCclaims@alexforbes.com
 - Alexander Forbes Core Plan: CorePlanClaims@alexforbes.com
- If your personal information is incorrect, we will change it if you make us aware of this.

Complaints

- We would like to hear from you if you have a complaint.
 - You can do so in person at any of our offices, by email at contactus@alexforbes.com, by phone on 0860 000 279 or +27 (0)11 669 7026 if you are outside South Africa, or by following our complaints process on the website at <http://www.alexforbes.com/za/en/ContactUs/Complaints.aspx>.
 - Please contact us if you have any questions or if you need more information.
-

☐ Email (if available) ☐ Post. If we are unable to email correspondence, we will post it.

Annual taxable salary at date of withdrawal Date of withdrawal*

R . D D M M Y Y Y Y

Income tax number* Revenue office

| Country of residence for tax purposes* | |
|--|--|
| | |

If your country of residence for tax purposes is not South Africa, additional information and documents are required by the South African Revenue Services (SARS). Please contact your Human Resources department at your employer who will give you the documents to be completed.

Divorce or maintenance court orders

Is there a divorce or maintenance court order issued that could affect the payment of fund benefits?

☐ Yes ☐ No

If yes, please provide a certified copy of the court order.

☐ Resignation ☐ Retrenchment ☐ Visa Expiry (refer to addendum) ☐ Emigration (refer to addendum)

Payment options that you choose

Please tick the payment option that you choose. Note that benefits are provided according to the rules of the relevant fund. Please ask your financial adviser or us if you need any information about these choices.

- | | | |
|---|--------------------------|----------------------------------|
| 1. Part transfer to another approved fund and part benefit to you | <input type="checkbox"/> | Complete sections 1 and 2 below. |
| 2. Full benefit to be transferred to another approved fund | <input type="checkbox"/> | Complete section 1 below. |
| 3. Full benefit to be paid to you | <input type="checkbox"/> | Complete section 2 below. |

Withdrawal details

Section 1: Transfer

Complete this section if your benefit is going to be transferred to another approved fund.

Name of fund or insurer

| Policy or deposit reference |
|-----------------------------|
| |

Financial Sector Conduct Authority (FSCA) registration number

| | | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|--|
| 1 | 2 | / | 8 | / | | | | | | |
|---|---|---|---|---|--|--|--|--|--|--|

SARS approval number for fund

[illegible]

Broker's details

Broker's name _____

Broker's contact details

| Category | Cell | Work |
|----------|------|------|
| 1 | 10 | 5 |
| 2 | 10 | 5 |
| 3 | 10 | 5 |
| 4 | 10 | 5 |
| 5 | 10 | 5 |
| 6 | 10 | 5 |
| 7 | 10 | 5 |
| 8 | 10 | 5 |
| 9 | 10 | 5 |
| 10 | 10 | 5 |
| 11 | 10 | 5 |
| 12 | 10 | 5 |
| 13 | 10 | 5 |
| 14 | 10 | 5 |
| 15 | 10 | 5 |

Please specify amount to be taken in cash R . Full benefit to be paid to you

Please note that this amount will be subject to tax and will not be the net benefit paid to you. Once an election has been made and a directive has been issued by SARS, it cannot and will not be cancelled.

Account holder's name

Name of bank _____

Account number

Branch code: Type of account: Current ☐ Savings ☐ Transmission ☐

Your declaration

By signing this page, you confirm that:

1. You understand the options available to you about the payment of your benefits, including that tax may be deducted from your benefit in terms of the *Income Tax Act*. You confirm that you are making an informed decision.
2. All information on this form is correct and complete. This includes all banking information. You understand that if there is any loss because you have given incorrect or incomplete information in this form, neither Alexander Forbes nor the fund is responsible for the losses.
3. You made the decision about the payment of your benefit voluntarily.
4. When we receive this completed form (which includes all tax information required by SARS), we will process your benefit according to the fund's rules. After we have processed the benefit in terms of the fund's rules, you will have no further claim against the fund.
5. You understand that you have the right to change the payment instruction to Alexander Forbes. Alexander Forbes may charge you a fee for making changes to the payment instruction after your first payment instruction has been actioned.
6. You acknowledge that when the fund receives this completed form, your benefit will be disinvested and held in the fund's bank account until the payment of the benefit is made in terms of your payment instructions. Exceptions to this are:
 - if the administrator is instructed in writing not to disinvest the benefit
 - where a separate agreement is in place on the fund in terms of the disinvestment of exit benefit monies.
7. You acknowledge that if there is missing information on this form, the claim will be rejected and returned to you to be completed in full.
8. Your benefits will not be disinvested and will remain in the market subject to market fluctuations until the requirements for a valid claim have been submitted to the administrator/fund.
9. You understand that in terms of legislation, any benefit which is due to you and which has not been paid within 24 months from the date it first became due may be transferred to an unclaimed benefit fund.
10. Upon client-exit of Alexander Forbes services, a risk review will be performed to determine the eligibility of the exit. Due to the new regulatory requirement, there could be a delay in processing your withdrawal.

Your full name (print)

Contact number Date

Your signature _____