

SAMRO RETIREMENT ANNUITY FUND

WITHDRAWAL/TRANSFER NOTIFICATION

Please help us to pay your benefit quickly and smoothly by completing this form in full and in CAPITAL LETTERS.

MEMBER'S DETAILS

Surname:

Initials: First Names:

RSA ID Number: Date of Birth:

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:

Postal Code:

Contact Details:

Telephone Numbers:

or:

E-mail Address:

Income Tax Number:

Current Annual Taxable Salary: R .

IS THERE A DIVORCE ORDER AND/OR MAINTENANCE ORDER TO BE PAID FROM YOUR WITHDRAWAL BENEFIT?

No Yes. If yes, please provide a copy of the court order(s).

PAYMENT INSTRUCTION (tick appropriate box and complete the sections as indicated)

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

Withdrawal due to emigration. Benefit to be paid in cash to member. (Complete **Section 1** below)

Benefit to be transferred to another approved retirement annuity fund. (Complete **Section 2** below)

PAYMENT INSTRUCTION – SECTION 1

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

Account Name:

Account Number: Bank Name:

Branch Name: Branch Code:

