

SAMRO RETIREMENT ANNUITY FUND

RETIREMENT NOTIFICATION

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

- Normal Retirement (Age 55 onwards)
- Ill-Health Early Retirement (Only available on approval from the fund trustees)

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 RETIREMENT BENEFIT?

- No Yes. If yes, please provide a copy of the court order.

PAYMENT INSTRUCTION (tick 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 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 to member. (Complete **Section 1** below)
 ▪ Note: This option is only available if your gross benefit does not exceed R247,500.00.
- Full benefit to be used to purchase a pension. (Complete **Section 2** below)
- Part cash payment/ part purchase of pension. (Complete **Section 1 and 2** below)
 Specify % or amount to be taken in cash: , % or R .
 ▪ Note: This amount cannot be more than 1/3rd of your benefit.

