

RETIREMENT NOTIFICATION

IMPORTANT INFORMATION

- You may complete this form only if:
 - ✓ you are eligible to retire from the fund (reached the age of 55 years)
 - ✓ your early retirement due to ill health has been approved by the trustees
- Please refer to the latest retirement tax tables on the SARS website as a guide on how your benefit may be taxed.
- SARS does not allow cancellation of a tax directive once it is received.
- The administrator will complete the retirement within 10 business days, provided that all documentation and all tax directives have been received.

CUT OFF TIMES

Instructions received before 13:00 (SA time) on a business day will be processed on the same day. Any instruction received after 13:00 on a business day will be processed on the next business day. Instructions in respect of a money market portfolio must be received by 11:00.

CONTACT US

If you need help with this form, contact us on 021 700 3600 or email retirement@prescient.co.za between 08:00 - 17:00.

PROVIDE YOUR PERSONAL DETAILS

Policy Number / Membership Number	<input type="text"/>
Full Name	<input type="text"/>
ID or Passport Number (if Foreign National)	<input type="text"/>
Nationality (if Foreign National)	<input type="text"/>
Income Tax Number	<input type="text"/>
Name of Financial Advisor (if applicable)	<input type="text"/>

Has any divorce order been made against your interest in the Fund which has not paid to the non-member spouse? Yes No

If yes, provide details of this and attach a certified copy of the divorce order as well as the settlement agreement, or amended agreement if not already provided.

PROVIDE DETAILS OF YOUR RETIREMENT

Which Fund are you retiring from? Retirement Annuity Preservation Pension Preservation Provident

Retirement Date Age as at this date

If you are not yet 55, has your application for early retirement been approved by the Trustees of the Fund? Yes No

If no, please note that you cannot retire from the Fund until your application for early retirement is approved.

- If you are a member of the Pension Fund and Retirement Annuity Fund, you may not take the full amount in cash. You can take up to 1/3 of your benefit amount in cash. The balance must be used to purchase an annuity. You may transfer the full amount to an annuity should you not wish to take a cash portion.
- If you are a member of the Provident Fund, you may take the full amount in cash, transfer the full amount into an annuity if you do not want any cash, or take any amount in cash as your lump sum and transfer the balance to an annuity.

Select one of the options below:

1. Full benefit to be paid in cash
2. Full benefit to be transferred to an approved Fund
3. Part of the benefit to be paid in cash and the balance to be transferred to an approved Fund

Has your application for early retirement been approved by the Trustees of the Fund (complete only if applicable) Yes No

If no, please note that you cannot retire from the Fund until your application for early retirement is approved.

Indicate the portion of your benefit to be taken as a cash lump sum. Select one of the options below:

Rand Amount * or one third cash lump sum

COMPLETE FOR PART OR FULL CASH PAYMENT

Your benefit amount will be paid out in cash to a bank account in your name only. No third party payments are allowed. The amount will be taxed in accordance to the latest SARS tax tables. A net amount will be transferred into your bank account below.

Account Holder	<input type="text"/>	Bank	<input type="text"/>
Account Number	<input type="text"/>	Type of Account	<input type="text"/>
Name of Branch	<input type="text"/>	Branch Code	<input type="text"/>

COMPLETE FOR PART OR FULL TRANSFER TO A LIVING ANNUITY

Name of Annuity	<input type="text"/>		
Life Insurer	<input type="text"/>	Contact Number	<input type="text"/>

PROVIDE YOUR BANK DETAILS

South African bank account in the name of the Investor:

Account Holder	<input type="text"/>	Bank	<input type="text"/>
Account Number	<input type="text"/>	Type of Account	<input type="text"/>
Name of Branch	<input type="text"/>	Branch Code	<input type="text"/>

No payments will be made into third party bank accounts (i.e. payment will only be deposited into the bank account of the Investor).

AUTHORISATION AND DECLARATION

1. I confirm that all information provided on this form is correct.
2. I have not received advice from the Administrator regarding this instruction.
3. I confirm that my appointed financial advisor may have access to my investment details via the secure section of Prescient's website or via a secure electronic channel at my financial advisor's request.
4. I have read, understood and agree to the latest Terms and Conditions which I understand may have changed since my original investment.

Investor / Mandate Intermediary	
Signature	
Full Name	
Signed at	
Date	