



The completed form together with the required supporting documents (refer to Checklists) are to be brought into one of our walk-in centres or emailed to:

FAIRSURE ADMINISTRATION |  kzn2pot@fairsure.co.za

1 Important notes

- This form consists of 2 pages.
- Complete sections 3 – 7 and answer all questions (i.e. if a question is not applicable, please mark "N/A" or "Unknown").
- The completed form (i.e. ALL sections), together with the required supporting documents, as stipulated in the Checklist and form hereinafter, are to be submitted to KZN Municipal Pension Fund/Fairsure Administration by the Member.
- KZN Municipal Pension Fund/Fairsure Administration will only process the claim upon receipt of ALL the required documentation and information.
- You are only eligible to claim once every tax period, and an administration fee of R300 per claim will be deducted from your withdrawal amount.
- Claims from the savings pot will be taxed at your normal marginal tax rate.
- To avoid having to resend a claim form, please make sure that you view your latest savings balance before submitting a withdrawal amount.
- Your claim can be stopped due to section 37D deductions.
- Your claim will be paid within 7-14 working days upon receipt of the completed form and supporting documentation, provided that all information is accurate and there are no outstanding tax matters.
- Distortion of information could delay the payment of this claim.
- Information can be completed by hand or electronically.
- For any queries, please contact Fairsure Administration on  086 000 4400 or  kzn2pot@fairsure.co.za

2 Protection of Personal Information (POPI) Act Notice

- Personal Information received through this form, by KZN Municipal Pension Fund/Fairsure Administration shall be treated as confidential and protected information and will not be disclosed unless required by law or in the ordinary course of the proper performance of Fairsure Administration's duties.
- We may share your information for further processing with third parties, to which third parties have an obligation to keep your Personal Information secure and confidential.
- KZN Municipal Pension Fund/Fairsure Administration shall comply with the Protection of Personal Information Act, 2013 (POPIA), regulations, its Data Protection Policies and all other laws and procedures relating to the storage, privacy, processing, handling and the destruction of Member's and Claimant's Personal Information.
- All applicable laws, regulations, policies, and procedures will be complied with, even as they change with time.
- The appropriate and reasonable technical and organisational measures to prevent the loss of damage to or unauthorised destruction of Data and the unlawful access to or Processing of Data will be taken by KZN Municipal Pension Fund/Fairsure Administration.
- Industry Best Practice for the protection, control, and use of Data standards of compliance will be met, even as they change with time.
- Once the personal information received, has been processed for the purpose it was obtained, it will be kept secure, in accordance with the retention policy and thereafter destroyed in accordance with all Data protection laws.
- KZN Municipal Pension Fund/Fairsure Administration warrants that its agents and any other person/s accessing Personal Information on its behalf are reliable and trustworthy and have received the required training on POPIA relating to the Protection of Personal Information.

3 Checklist

DOCUMENTS REQUIRED

Supporting documents:

- Original certified copy of the identity document.
- Confirmation of banking details.
- Pending divorce claim: Affidavit from spouse granting permission to withdraw from your savings pot

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Administered by:



Fairsure
ADMINISTRATION

Fairsure Administration (Pty) Ltd is an authorised financial services provider (FSP No. 19023)

4 Member's Personal Details

Fund name:			
Particular employer:			
Title:		Initial(s):	
		Surname:	
First name(s):		Gender:	Male ☐ Female ☐
Date of birth (YYYY/MM/DD):		RSA ID:	Yes ☐ No ☐
		ID/Passport number:	
Employee number:		Member number:	
		Income tax number:	
Contact number:		Work contact number	
Residential address:			
	Code		
Email address:			

5 Withdrawal Amount

[illegible]

6 Member Banking Details

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Bank name:			
Account holder:			
Account number:		Branch code:	
Type of account:	Cheque ☐	Savings ☐	Transmission ☐
Please note the following:			
 Payments cannot be made to credit card or bond accounts.			
 Payments cannot be split into different bank accounts.			

I, _____, hereby declare:

- That I have read, understood and agree to all points mentioned in **section 1 – Important notes** of this form;
- That all details furnished in this form, and accompanying documentation, to the best of my knowledge, is true and correct, and that no material information has been omitted or withheld;
- Distortion of information could delay the payment of this claim;
- That I have an obligation to inform Fairsure Administration should any information change, or any new information become available.

Date (YYYY/MM/DD):

Employer stamp: _____

**This is not required if the member is a new member.*

** This is not required if the member submits the form in person to one of our walk-in centres or designated front offices and can be verified in person.*